

<b>Case Number:</b>	CM15-0173024		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/17/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on February 17, 2014. She reported neck pain, bilateral shoulder pain and bilateral arm pain with associated tingling and numbness. The injured worker was diagnosed as having brachial neuritis, cervical radiculitis and myofascial pain. Treatment to date has included diagnostic studies, cervical epidural steroid injection (ESI) in 2014 with noted excellent benefit and 80% relief of pain for six weeks and in 2015 with good relief, acupuncture, medications and work restrictions. Currently, the injured worker continues to report neck pain, bilateral shoulder pain and bilateral arm pain with associated tingling and numbness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on March 3, 2015, revealed continued pain as noted. She rated her pain at 8 on a 1-10 scale with 10 being the worst. She noted an 80% relief of pain for six weeks status post cervical ESI. She noted she had some previous benefit with acupuncture. It was noted the injured worker requested a second injection. The physician recommended therapy following the injection. It is noted the cervical range of motion was decreased with forward flexion at 30 degrees and extension, left lateral rotation, right lateral rotation and left and right lateral flexion at 10 degrees. Evaluation on April 17, 2015, revealed continued pain as noted. The second ESI was scheduled for April 23, 2015. Work restrictions were continued on May 12, 2015, and it was noted she was improving but slower than expected. It was noted she had good relief with the second ESI. She rated her pain at 5 on a 1-10 scale with 10 being the worst. The cervical range of motion was unchanged with forward flexion at 30 degrees and extension, left lateral rotation, right lateral

rotation and left and right lateral flexion at 10 degrees. Evaluation on July 7, 2015, revealed continued pain as noted. She rated her pain at 8 on a 1-10 scale with 10 being the worst. Cervical range of motion was unchanged since the previous noted visit. The RFA included requests for Outpatient initial chiropractic therapy to cervical post injection 2 visits per week for 3 weeks and was non-certified on the utilization review (UR) on August 27, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Outpatient initial chiropractic therapy to cervical post injection 2 visits per week for 3 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic neck pain. Previous treatments include medications, injections, and acupuncture. Current progress report dated 05/12/2015 by the treating doctor noted good improvements with second epidural injections. However, on examination, cervical range of motion is limited, and the claimant remained on modified work duties. Review of the available medical records showed no history of chiropractic treatments. Based on the guidelines cited, the request for 6 chiropractic visits is medically necessary.