

<b>Case Number:</b>	CM15-0063528		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Chiropractic

### CLINICAL CASE SUMMARY

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

This 46-year-old female sustained an industrial injury to the neck, back, shoulder and left hand via repetitive trauma on 7/31/03. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, home exercise and medications. In a PR-2 dated 2/19/15, the injured worker complained of a flare up of neck pain after working long hours the past few weeks rated 8/10 on the visual analog scale with Oswestry Neck Disability at 47%. Current diagnoses included chronic discogenic neck pain, cervical segmental dysfunction/deconditioning and left rotator cuff tendonitis. The treatment plan included continuing independent exercise program, modalities as needed (ultrasound, manual tract, moist heat and electrical stimulation) and 5 additional sessions of chiropractic therapy to the cervical spine and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 5 visits (1x5) cervical thoracic left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Shoulder Chapters, Manipulation Sections/MTUS Definitions page 1.

**Decision rationale:** The patient has received at least 8 years of prior chiropractic care for her injuries. From the 8 years of chiropractic care, there are only 2 progress reports provided for review and a comprehensive medical report. The majority of the past chiropractic care records are not available for review. The progress reports provided are dated 10/24/14 and 2/19/15. Successive monthly PR-2 reports are not provided for this reviewer to compare pre/post treatment records and to see if objective functional improvement exists with the previously rendered chiropractic care. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Neck & Upper Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The ODG Shoulder Chapter recommends 9 sessions of chiropractic care over 8 weeks. The number of total visits to date for the neck and shoulder are not specified. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some improvements with treatments in his comprehensive medical report but objective measurements as described by The MTUS are not evidenced in the progress reports. The effectiveness of care cannot be determined given the lack of consecutive monthly reports. I find that the 5 additional chiropractic sessions requested to the cervical spine and left shoulder to be not medically necessary and appropriate.