

<b>Case Number:</b>	CM15-0069229		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	07/31/2003
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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:

The injured worker is a 46-year-old female, who sustained an industrial injury on 7/31/2003. She reported repetitive stress injury to her neck and upper back, with exacerbation after lifting a heavy item from the trunk of her care. The injured worker was diagnosed as having chronic discogenic neck pain, cervical segmental dysfunction/de-conditioning, and left rotator cuff tendinosis. Treatment to date has included diagnostics and chiropractic. Currently, the injured worker complains of a flare in neck pain, rated 8/10, from her work hours the past few weeks. Her work status was modified duty in the form of ergonomic adjustments and lifting restrictions. Medication use was not noted. The treatment plan included additional chiropractic treatment (2x2 and 1x2). Prior chiropractic treatment notes were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 3XWK X 2WKS CERVICAL THORACIC SPINE LEFT SHOULDER:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

**Decision rationale:** The patient has received prior chiropractic care for her injuries. 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 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 ODG Shoulder Chapter recommends a brief trial of chiropractic care 9 sessions over 8 weeks. The records provided by the treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. Three progress reports were provided for review from the treating chiropractor. Two were consecutive monthly PR2s with objective measurements listed. The treating chiropractor states:"no changes since last month." Objective functional improvements have not been evidenced with past chiropractic treatments. Pain levels were unchanged. Range of motion unchanged. I find that the 6 additional chiropractic sessions requested to the cervical spine, thoracic spine and left shoulder to not be medically necessary and appropriate.