

<b>Case Number:</b>	CM13-0043374		
<b>Date Assigned:</b>	05/21/2014	<b>Date of Injury:</b>	03/31/1995
<b>Decision Date:</b>	01/19/2015	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. The expert reviewer is a licensed Chiropractor and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52 year old female who sustained injuries to her neck, upper extremities and right shoulder on 3/31/1995 as a result of performing repetitive tasks in a factory. The patient has received numerous surgeries for her right elbow, wrist and hand complaints. Per the PTP's (primary treating physician's) progress report the patient complains of ongoing neck and back pain which she currently rates 5/10 on the pain scale. She states her most pain is in her neck and right shoulder. She says her pain is difficult to describe, but she may have pins and needles pain radiating down from her neck to her right elbow. For her neck and right shoulder complaints, the patient has been treated with medications, epidural injections, TENS, home exercises, chiropractic care, acupuncture and physical therapy. Diagnoses assigned by the PTP are cervical radiculopathy and degenerative disc disease of the cervical spine. An MRI study of the cervical spine has been performed per the materials provided for review; however, the study itself was not available in the records. The PTP is requesting 8 additional chiropractic sessions to the cervical spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic Care with Physical Modalities at 2 Times a Week for 4 Weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back and Shoulder Chapters, Manipulation Sections and on Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions page 1

**Decision rationale:** This patient suffers from a chronic injury to multiple body regions. The patient has received chiropractic care for her neck and shoulder injuries per the records provided for review. The past chiropractic treatment records are not available in the materials provided for review. The MTUS ODG Neck and shoulder chapters recommend additional visits for flare-ups 1-2 sessions over 4-6 months with evidence of objective functional improvement. 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." Given that there is no evidence of objective measurable gains with the past chiropractic care provided as indicated by MTUS, I find that the request for 8 additional chiropractic sessions to the neck and right shoulder to not be medically necessary and appropriate.