

<b>Case Number:</b>	CM13-0015965		
<b>Date Assigned:</b>	03/12/2014	<b>Date of Injury:</b>	09/27/2001
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Licensed in Chiropractic 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 48 year old female who injured her neck, right shoulder, upper back and lower back on 9/27/2001. The mechanism of injury is not provided in the records. Patient is status post-surgery cervical spine fusion C4/C5. Per the PTP (Primary Treating Physician ) report dated 1/17/13 the subjective complaints are "burning, sharp and stiff neck pain, thoracic pain and stiffness and achy, sharp, stiff and throbbing low back pain which radiates to the right posterior thigh proximal to posterior knee, right knee to ankle." Patient has been treated with medications and chiropractic care. Diagnoses assigned by the PTP are cervical spasms, cervicodorsal myofascial pain, displacement of lumbar intervertebral disc, cervical cephalgia, encephalgia, thoracic myalgia, cervical (IVD) Intervertebral Disc syndrome, L4-5 (HNP)Herniated Nucleus Pulposus right side and right sided L5 radiculopathy. MRI of the cervical, thoracic and lumbar spine, per PTP's progress report, reveal a disc/osteophyte complex at C5-C6 and C6-C7, disc disorder at T3-4 and T4-5, annular bulging at L4-5 with disc dessications at L4-5 and L5-S1. The PTP is requesting 6 chiropractic sessions to the neck, upper back and lumbar. The AME has opined on short courses of chiropractic care and physical therapy per flare-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MANIPULATION 1X PER WEEK FOR CERVICAL, THORACIC, LUMBAR SPINE,  
QTY: 6.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 8 CCR 9792.20 2009 and ODG Treatment August, 2012, Chiropractic Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Low Back

**Decision rationale:** This is a chronic case with ongoing care provisions. The progress reports provided from the treating physician show that for the cervical spine, there has been objective functional improvement. However for the lumbar spine there has been no objective functional improvement as defined by MTUS. 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." MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 and MTUS ODG Chiropractic Guidelines Neck and Chapter recommend manipulation with evidence of objective functional improvement 18 visits over 6-8 weeks. MTUS ODG Low Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW (Return To Work) achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been objective functional improvement with rendered chiropractic care in the cervical spine but not the lumbar spine. The 24 cap limit on the yearly chiropractic care per future medical provisions has not been exceeded. Therefore, The Request for 6 chiropractic sessions requested to the neck, upper back and lower back to be medically necessary and appropriate.