

<b>Case Number:</b>	CM13-0030008		
<b>Date Assigned:</b>	03/17/2014	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Board Certified in Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 12/04/2009. The patient's diagnoses include cervical sprain with muscle guarding and non-verifiable radiculopathy, thoracic sprain, and lumbar sprain. On 03/13/2013, the patient underwent a panel-qualified medical/legal evaluation. The patient was noted to have constant headaches and mild cervical pain, increasing with activity, as well as thoracolumbar pain. Objective findings included tenderness and limited range of motion in the cervical and lumbar spine and limited motion in the hips. At that time the patient was felt to be not at maximum medical improvement. Recommended medical treatment included continued treatment with her treating physical rehabilitation physician as well as continued medication and physical therapy to the neck and thoracic and lumbar spine and also chiropractic modalities and acupuncture as determined by her treating physician and consideration of deep water aerobics. An acupuncture note of 08/28/2013 noted that the patient reported she was better after treatment and noted that the patient reported that movement increased her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care (8 Sessions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation, recommend transition to independent home rehabilitation and state that elective or maintenance care is not medically necessary. The current request for chiropractic care appears to be maintenance in nature. The records do not provide an alternate rationale to support this request. This request is not medically necessary.

**Consultation With an Anesthesiologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** This request appears to be with reference to a request for a cervical facet injection. As per a separate request under review currently, the ACOEM Guidelines, Chapter 8/Neck, page 174, does not support an indication for intra-articular facet injections. Since that injection is not medically necessary, it follows that consultation with an anesthesiologist for that procedure is not medically necessary.

**Cervical Facet Injection - 2 Levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** The ACOEM Guidelines, Chapter 8/Neck, page 174, state that invasive techniques including cervical intra-articular facet injection do not have proven value in treating cervical spine conditions. The records do not provide an alternate rationale to support this request. This request is not medically necessary.