

<b>Case Number:</b>	CM13-0034637		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Services and is licensed to practice in New York. 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:

Upon review of medical records provided the applicant was 31 year old male who sustained a work related injury that occurred on August 13, 2012. He is employed by [REDACTED] as a sales representative/field manager. He drives a truck and loads and unloads merchandise. He went to make a delivery. He was in his truck when a table approximately 6 feet long weighing 40lbs fell, hit him on the head and knocked him out. He lost consciousness. There was some retrograde amnesia. He sustained a mild concussion. From that point on he has headaches and low back pain. The applicant's condition involves both the reported injury of August 13, 2012 and cumulative trauma between April 1, 2010 and May 25, 2013. The applicant is a truck driver loads unloads merchandise. The incident on April 13, 2013 revealed a heavy wooden table weighing 50lbs fell and struck the applicant on the head, he was diagnosed with a concussion. The incident of May 7, 2013 revealed the applicant fell. On 6/25/13 there were complaints of pain with lightheadedness and dizziness, memory and concentration problems and vision problems. There was pain in his back and lower extremities with numbness and tingling on the left greater than the right. There were also complaints of left shoulder pain. On 8/1/13 the applicant the applicant was evaluated for complaints of significant amount of restriction in the lumbar spine. On 8/5/13 the applicant's medical doctor indicated there was failure to improve with conservative treatment. Continued chiropractic treatment and a trial of acupuncture were requested. An MRI of the lumbar spine dated 8/20/13 revealed osseous hemangioma of the L4 vertebral on the right side, no disc protrusion or canal narrowing, normal appearance of the facets, with no facet arthropathy and mild scoliotic curve. MRI dated 8/20/13 of the cervical spine revealed C6 to C7 there is a posterior annular tear with a 1 mm midline disc protrusion resulting in mild effacement of anterior thecal sac with no cord abutment or central canal narrowing. 1 mm midline disc bulge at C5 to C6. Thus far, treatment has consisted of 7 out of 8

sessions of chiropractic treatment, pain management, acupuncture and medications and behavioral therapy/biofeedback. He also receives psychotherapy for depressive disorder not otherwise specified with anxiety. Upon review of medical report dated December 12, 2013, orthopedic management was recommended for his chronic back pain and neck pain in addition to medications, physical therapy and other modalities. The applicant has not worked since 5/25/13 and is temporarily totally disabled. Upon review of medical examination report dated 4/9/14 the examiner indicated chiropractic treatment notes were reviewed from 7/17/13-8/9/13. The applicant completed 7 out of 8 sessions with temporary relief. It was noted that some of the treatments he felt sore and the lower back pain increased and some sessions there were less pain. At that point in time he was diagnosed with thoracic sprain/strain, lumbar sprain/strain with left leg radiculitis, cervical spine sprain/strain with history of bilateral arm radiculitis, bilateral foot plantar fasciitis, left shoulder strain, not in claim, post traumatic head injury and psych, internal GI sleep, dermatology complaints. Chiropractic treatment was discontinued and a trial of acupuncture treatment was initiated. In a utilization review dated October 2, 2013 the reviewer determined the chiropractic visits x12 was not medically necessary as per the MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation section. The applicant was diagnosed with a cervical sprain and strain, thoracic spine, lumbar spine sprain, left leg radiculopathy and history of right arm radiculopathy. The review indicated that the applicant had failed to improve with conservative treatment, including the prior 7 sessions of chiropractic treatment received.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CHIROPRACTIC X 12 VISITS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MANIPULATION THERAPY & MANIPULATION.

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

**Decision rationale:** The applicant was 31 year old male who sustained a work related injury that occurred on August 13, 2012. He is employed by [REDACTED] as a sales representative/field manager. He drives a truck and loads and unloads merchandise. He went to make a delivery. He was in his truck when a table approximately 6 feet long weighing 40lbs fell, hit him on the head and knocked him out. He lost consciousness. There was some retrograde amnesia. He sustained a mild concussion. From that point on he has headaches and low back pain. The applicant has received 7 chiropractic treatment sessions with failure to improve. Upon review of follow-up pain management visit examination from 10/24/13 there was continued lower back pain with increased pain on activities and on walking and standing. There were complaints of shooting type pain in the left thigh. There was limited motion of the left sacroiliac joint with positive orthopedic findings, tenderness and spasm over the posterior paravertebral musculature. Lumbar range of motion was decreased. Conservative treatment has failed to alleviate the symptoms and he continued with physical limitations, which affected his ability to perform his activities of daily

living. At this point a left sacroliac joint injection was recommended. The applicant's most recent diagnosis included: thoracic sprain/strain, lumbar sprain/strain with left leg radiculitis, cervical spine sprain/strain with history of bilateral arm radiculitis, bilateral foot plantar fasciitis, left shoulder strain, not in claim, post traumatic head injury and psych, internal Gastrointestinal (GI) sleep, dermatology complaints. The requested additional 12 chiropractic visits are not medically necessary with regards to the lumbar spine as per the MTUS Chronic pain Medical Treatment Guidelines. Treatment to the cervical spine is not medically necessary as per review of the medical records and the (ODG) Official Disability Guidelines Chiropractic Guidelines-Neck and Upper Back (Acute & Chronic). Chiropractic treatment has been utilized to their maximum for the expected results and to continue their implementation is not sanctioned under the guidelines. The criteria for continued chiropractic treatment are patient response and evidence of objective functional improvement. 7 out of 8 chiropractic treatment sessions were indicated as being received with no functional improvement. The applicant has not worked since 5/25/13 and is temporarily totally disabled and there was indication that conservative treatment has failed to alleviate the symptoms and he continued with physical limitations. The request is not medically necessary and appropriate.