

<b>Case Number:</b>	CM13-0040735		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/17/1999
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 56-year-old female who reported a work-related injury on 11/17/1999 as a result of a strain to the cervical and lumbar spines. The clinical notes document that the patient utilizes Topamax, trazodone, melatonin, Dilaudid, Fentanyl patch, Benicar, Cymbalta, Zoloft, Prevacid, butalbital, Xanax, Protonix, Lunesta, omeprazole, Sentra PM, Neurontin, Maxalt, Bentyl, calcium D, omega 3, milk thistle, glucosamine chondroitin, vitamin D, cran support, fish oil, Super B Complex, vitamin C, Estic, magnesium, iron, folic acid, daily vitamins, anti-inflammatory cream, flurbiprofen, "Diclofenaciod," pain cream tramadol, "Dextromethorphanoid" cream, amitriptyline cream, Soma, lorazepam, and Frova. The patient presented for treatment of the following diagnoses: status post bilateral C4-7 neural foraminotomy, C6-7 rigid fixation, status post take down of pseudoarthrosis revision at C6-7, status post removal of hardware from C4-5, fusion mass from C4-5 to C6-7, status post cervical spine hardware removal, status post right shoulder subacromial decompression, bilateral shoulder impingement, status post left shoulder surgery, mild right median neuropathy per EMG, and dental issues. The clinical note dated 08/20/2013 reported that the patient was seen for a follow-up under the care of [REDACTED]. The provider documented that the patient presented with complaints of neck and low back pain and bilateral shoulder pain as well as right thumb symptomatology. Physical exam of the patient revealed limited range of motion of the cervical spine; head compression was mildly positive, and scapular retraction produced pain. Upon physical exam, motion was improved in the bilateral shoulders, and there was a positive impingement sign. The right thumb was still tender. Examination of the lumbar spine revealed mild sciatic irritation. The provider recommended that the patient utilize aquatic therapy for exercise; also, the provider recommended the authorization of "Amitramad

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulations and a multi-level physiotherapy program 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 99.

**Decision rationale:** The current request is not supported. The clinical notes failed to evidence support for the patient to utilize chiropractic/physiotherapy times 12 sessions at this point in her treatment. The clinical documentation submitted for review failed to evidence when the patient last utilized supervised therapeutic interventions and the efficacy of treatment. The patient presented status post her work-related injury of over 14 years. The patient's course of treatment, as far as recent utilization of active conservative modalities is not evidenced in the clinical notes reviewed. At this point in the patient's treatment, utilization of an independent home exercise program would be indicated. As the California MTUS indicates, allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active, self-directed home physical medicine. Given all of the above, the request for chiropractic manipulations and a multilevel physiotherapy program 2 times a week for 6 weeks is neither medically necessary nor appropriate.