

<b>Case Number:</b>	CM13-0041410		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Illinois. 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 64-year-old female who reported an injury on 08/18/2009. The patient is currently diagnosed with cervical herniated nucleus pulposus and lumbar herniated nucleus pulposus. The patient was seen by [REDACTED] on 11/04/2013. The patient reported sharp neck pain, as well as lower back pain. Physical examination revealed slightly decreased cervical and lumbar range of motion, 2 to 3+ bilateral paracervical spasm and tenderness in the cervical spine with a slight positive compression test, and 3+ bilateral paraspinal spasm and tenderness in the lumbar spine with positive straight leg raise bilaterally. Treatment recommendations included an additional course of chiropractic therapy once per week for a period of 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for cervical and lumbar spine 1 x 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Manual therapy and manipulation.

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

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the low back is

recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the clinical documentation submitted, the patient has previously participated in chiropractic treatment. Despite ongoing therapy, the patient continued to report tightness and discomfort in the cervical spine, as well as the right hip. The patient's physical examination continued to reveal decreased cervical range of motion in all directions, pain, and stiffness. Documentation of significant functional improvement following the initial course of chiropractic treatment was not provided for review. Therefore, ongoing therapy cannot be determined as medically appropriate. As such, the request is non-certified.

**Soma 350 mg #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, muscle relaxants for pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 63-66 and 124.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2 to 3 weeks. Per the clinical documentation submitted, the patient does present with paracervical and paraspinal spasm and tenderness. However, it is unknown whether this patient has continuously utilized this medication. Guidelines do not recommend long-term use of this medication. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.