

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0051809 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 06/21/2002 |
| <b>Decision Date:</b> | 03/12/2014   | <b>UR Denial Date:</b>       | 11/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/14/2013 |

### 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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient sustained a work injury dated 06/21/02. Patient worked as a probation officer and her injury is described as due to accumulating trauma from working in a juvenile hall where she had to deal with fights and prolonged standing. She has a long-standing history of pain in her head, neck, bilateral shoulders, throughout her back, and left hand. She has had 3 cervical surgeries including a C3-7 fusion. She has been dependent on chronic opiate medication for pain management Patient has recently completed an outpatient [REDACTED] detoxification program which has weaned her off of Soma and has attempted to optimize her opiate medications. Her diagnoses include: 1. Mechanical neck pain.2. Chronic headache secondary to chronic neck pain. 3. Degenerative joint disease of the cervical spine at C3-C4.4. Cervical disk displacement.5. Mechanical low back pain.6. Chronic intractable pain. 7. Severe depression. A CT scan of the cervical spine dated 1/7/13 revealed: 1. Postoperative changes secondary to C3-4, C4-5 and C5-6 discectomies, with anterior interbody fusion of C3 through C6 vertebrae. Fusion hardware is present at the C3 and C4 levels and appears to be intact and in good position. There is solid fusion of the C4, C5, and C6 vertebrae. She has normal vertebral alignment, and mild degenerative changes at the C3-4 and C6-7 levels. The spinal canal appears to be normal in size and configuration. No fractures or musculoskeletal abnormalities. There are no significant neural foraminal stenosis is appreciated at any of the levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for 2 chiropractic visits to treat cervical spine:** 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.

**Decision rationale:** Chiropractic treatment to cervical spine - 2 visits are not medically necessary per MTUS guidelines. Patient has had prior chiropractic care without evidence of significant lasting functional improvement. She is versed in a home exercise program. MTUS guidelines recommend documentation of objective functional improvement which are not evident in documentation submitted. Additional chiropractic treatment to the cervical spine is not medically necessary.