

<b>Case Number:</b>	CM13-0056453		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 a licensed Chiropractor and is licensed to practice in Texas. 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 injured worker is a 73-year-old male who reported an injury on 12/03/2007. The mechanism of injury was a motor vehicle accident, in which, the injured worker was struck by a Lincoln Navigator while walking through a parking lot. The resulting injuries occurred to the injured worker's neck, bilateral shoulders, and lower back. The injured worker had a prior claim in the early 1990s that resulted in a cervical discectomy and fusion at 2 unspecified levels, in the year 2000. Secondary to the present claim, the injured worker received a right unspecified shoulder surgery which relieved most of his symptomatology. The injured worker's course of treatment to date is unclear; however, he has been receiving chronic pain management through the use of cortisone injections, radiofrequency ablations, and medications. The injured worker had recent updated MRIs of the neck, thoracic, and lumbar spine, as well as the left shoulder. MRI of the left shoulder obtained on 05/24/2013 revealed a hooked, anteriorly down-sloping acromion, AC joint osteoarthritis, a supraspinatus partial bursal tear, infraspinatus tendinosis, subscapularis tendinosis, biceps tendon anchor tear with tendinosis of the horizontal segment, a superior labrum anterior and posterior (SLAP) 2 lesion of the glenoid labrum, synovial effusion, fibrovascular change of the infraglenoid tubercle, and subacromial/subdeltoid fluid. MRI of the thoracic spine performed on the same date, revealed disc desiccations of T5-6 through T9-10, with loss of disc height at T6-7 and T7-8, straightening of the thoracic kyphotic curvature, possibly reflecting myospasm, and Schmorl's nodes at the inferior vertebral endplate of T11 and superior vertebral endplate of T12. The MRI of the cervical spine also performed on 05/24/2013, revealed a C5-6 vertebral body fusion, disc desiccation with mild loss of height at C6-7, straightening of the normal cervical lordosis, possibly reflecting myospasm, a broad-based disc herniation measuring 2 mm at C3-4 and C6-7, with bilateral joint degenerative changes causing spinal canal and neural foraminal stenosis at both of these levels. The lumbar MRI

obtained on the same date, revealed degenerative marginal osteophytes at the anterosuperior and anteroinferior endplates of L2-4 and disc desiccation changes at L1-2 through L5-S1, with a decrease in disc height at those levels. The most recent clinical note is dated 09/24/2013 and is missing the first page; however, it was noted that the injured worker experienced mildly painful range of motion of the lumbar spine that was limited, but not quantified. There was also note of positive straight leg raising on the right and left to 65 degrees and 50 degrees respectively, but no discussion of pain distribution was provided. The examination of the left shoulder on this date, revealed a positive impingement sign, flexion to 170 degrees, abduction to 50 degrees, and tenderness over the AC joint. As there was no examination of the cervical spine available for this date, the next most recent clinical note dated 08/13/2013 was consulted. The cervical examination on this date revealed decreased cervical range of motion, although it was not quantified. There was also noted facet tenderness with minimal spasm present. There was no other information submitted for review.

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

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

#### **CHIROPRACTIC TREATMENT 2 X 6, CERVICAL SPINE, LUMBAR SPINE AND LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-59. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK; SHOULDER, MANIPULATION

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines recommend manual therapy to treat musculoskeletal conditions. Guidelines recommend up to 18 visits to treat the lower back, after an initial trial of 6 visits, has been determined to be effective. The California Guidelines did not address manipulation as it relates to the cervical spine and shoulder; therefore, the Official Disability Guidelines were also supplemented. The Official Disability Guidelines recommend up to 9 visits of chiropractic care for treatment of shoulder symptoms, after an initial trial provides evidence of objective improvement. In addition, Official Disability Guidelines recommend a trial of 6 visits for neck complaints which may be extended, if functional improvement is documented. Although the patient may benefit from a course of manual therapy, the current request for 12 sessions of chiropractic treatment exceeds guideline recommendations of an initial trial of 6 visits. As such, the request for chiropractic treatment 2 times 6, cervical spine, lumbar spine, and left shoulder is non-certified.