

<b>Case Number:</b>	CM13-0058519		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 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 male with a date of injury of 09/24/2012. The listed diagnoses per [REDACTED] are: 1) Cervical disk syndrome, 2) Radicular neuralgia, 3) Headaches (improving), 4) Lumbar disk syndrome (improving), 5) Cervical sprain/strain (improving), 6) Thoracic spine/strain (improving), 7) Lumbar strain/sprain (improving), and 8) Segmental dysfunction. According to the report dated 11/09/2013, the patient reports noticing "less" neck and upper back pain, and fewer headaches. Examination of the cervical spine showed there were tenderness, muscle spasm, and myofascial pain, and triggering points, more on right. It was noted that the patient has seen a pain management specialist that recommends anti-inflammatories, continued chiropractic treatments, use of TENS unit, and a neurological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical, thoracic and lumbar chiro treatments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with upper and lower back complaints. The treating provider is requesting chiropractic visits. The MTUS Guidelines recommends as an option a trial

of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 weeks. In this case, the treating provider, in a report dated 11/09/2013, states that the patient's activities of daily living and function improved with the prior 9 sessions of chiropractic treatment. In addition, the provider states the patient is working with restrictions and needs more conservative care to improve his functions. However, the provider states "please authorize up to date 14 chiropractic sessions and additional 3 to 5 chiropractic visits." As noted on report dated 05/18/2013, the patient already has had 9 chiropractic visits. The requested additional 14 visits would exceed what is recommended by MTUS Guidelines. Recommendation is for denial.

**Magnetic resonance imaging (MRI) of cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with upper and lower back complaints. The provider is requesting an MRI of the cervical spine. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, this patient does not present with any nerve compromise on the neurological examination. In addition, the patient already had an MRI of the cervical spine dated 01/07/2013 which demonstrated C2 to C3 3-mm central disc protrusion, C2 to C4 central disc protrusion causing complete ventral effacement with moderately severe right to moderately severe left neural foraminal stenosis. At C4 to C5, 2-mm central disc protrusion resulting in moderate bilateral neural foraminal stenosis was noted. C5-C7 had severe left to moderately severe right neural foraminal stenosis. The patient has already had an MRI indicating the source of patient's complaint. It is unclear as to why the provider is requesting another MRI at this juncture. Recommendation is for denial.

**Neurological evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127.

**Decision rationale:** This patient presents with upper and lower back pain. The patient has a diagnosis of headaches which is noted as "improved." The provider is requesting a neurological

evaluation. ACOEM Practice Guidelines, second edition 2004, page 127, states, "Healthcare practitioners may refer to other specialist if a diagnosis is uncertain or extremely complex when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." The provider is currently requesting Neurological consultation to address the patient's headaches. It appears the current provider is not comfortable with managing the patient's headache and would like a specialty consultation. The request is medically reasonable and recommendation is for authorization.