

<b>Case Number:</b>	CM13-0059636		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 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 patient is a 35-year-old female who reported injury on 09/07/2012. The mechanism of injury was noted to be the patient was carrying a rolling cart up 7 flights of stairs when she experienced low back pain. The patient was noted to be treated with physical therapy. The patient had an epidural steroid injection. The patient had an MRI of the cervical spine, which revealed a straightening of the curvature with loss of normal cervical lordosis and minimal scoliosis at the center of the cervicothoracic junction. There was minimal 1 mm diffuse disc bulge at C4-5 and C5-6 and no central canal stenosis or foraminal stenosis at any level. This was performed on 11/22/2013. The office note dated 11/26/2013 revealed the patient had continuing low back pain and cervical pain, including spasming. The objective findings included the patient had decreased sensation to upper extremities, a positive Spurling's, and a positive Tinel's test. The patient had positive trapezoid and rhomboid spasms. The patient had positive paralumbar pain and EHL weakness. The diagnoses were noted to include cervical strain, HNP, and L4-5 HNP. Request was made for a neurologist consult for cervical spine and chiro modalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEUROLOGIST CONSULT FOR CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** ACOEM Guidelines indicate that a surgical consultation is appropriate for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitations for more than 1 month or extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the long and short term, and unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review failed to indicate that the patient had activity limitation or extreme progression of symptoms, as well as unresolved radicular symptoms after receiving conservative treatment. There was a lack of documentation indicating the dates of service, and efficacy of the conservative treatment the patient received for the cervical spine. The MRI of the cervical spine dated 11/22/2013 did not reveal significant canal or foraminal stenosis at any level as there was a minimal 1 mm diffuse disc bulge at C4-5 and C5-6. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Neurologist Consult for Cervical Spine is not medically necessary.

**CHIRO WITH MODALITIES AND EXERCISES (COLD LASER FOR LUMBAR AND CERVICAL):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Work loss Data, Neck and Upper Back, Occupational Medicine Practice Guidelines; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd ed, OEM Health Information Press, 2004, Chapter 7 Indepen

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 visits to 6 visits should be documented with objective improvement in function. The clinical documentation submitted for review failed to indicate the number of visits being requested, per the submitted request. Given the above, the request for Chiro with modalities and exercises (cold laser for lumbar and cervical) is not medically necessary.