

<b>Case Number:</b>	CM13-0062908		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 licensed in Chiropractic and is licensed to practice in California. 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 62 year old female who was injured on 11/02/2010 due to a cumulative trauma work related injury to neck and low back. Progress note dated 11/06/2013 documented the patient to have complaints of neck and back pain. The patient has her usual neck and low back pain without any changes. She has seen a chiropractor in the past and the patient reported decreased pain after her chiropractic sessions, an increase in strength and increase of her range of motion. She was recommended for continues chiropractic care for 2 times a week for the next 6 weeks. In the meantime she continues to take Norco and the gabapentin which decreases her pain severity by greater than 50% without adverse effects. She has had no decline in her functional level as a result of the medications. Pain at present is 5 on the pain scale. Her present medications are hydrocodone 10 mg-acetaminophen 325 mg tablet twice a day for 30 days, omeprazole 20 mg 1 qd for 30 days, tizanidine 4 mg one prn for 30 days, Neurontin 100 mg tid for 60 days. Norco 10/325 mg 1 bid for 60 days. Objective findings on examination of the cervical spine revealed bilateral paraspinous tenderness and stiffness. Palpable twitch positive trigger points are noted ion the muscles of the head and neck, specifically. Anterior flexion is noted to be full at 60 degrees. Extension of the cervical spine is noted to be 50 degrees. Left lateral rotation of cervical spine is noted to be painless. Right lateral rotation of cervical spine is noted to be painless (cervical exam same as 07/30/2013 exam). Straight leg raise is normal bilaterally at 90 degrees. Palpation of the lumbar facet reveals pain on both sides at L3-S1 region. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. Anterior flexion of lumbar spine is 15 degrees. There is pain noted with lumbar extension. Lateral flexion is full. Right lateral flexion is full. Motor strength is grossly normal except weak upper extremities (same as 07/30/2013 exam). Sensation grossly intact. Deep tendon reflexes intact throughout (Lumbar exam not noted on 07/30/2013 exam).

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

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

### **CHIROPRACTIC TWO TIMES A WEEK TIMES 8 WEEKS TO CERVICAL AND LUMBAR AREA: 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, 58 TO 60

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The CA MTUS Chronic Pain Treatment Guidelines recommends additional/continued treatment when objective measurable functional improvement has been achieved. The intended goal or effect of manual therapy is to effect positive symptomatic or objective improvement in functional capacity with intent to transitioning the patient to an exercise program and a return to productive activities. This patient is/was being treated for Cervical and Lumbosacral radiculopathy. Although following the initial trial of 6 visits, the records states there has been functional change in this patient's condition in both increases in cervical and lumbar ranges of motion and decreases in lower back pain, the request number of additional visits fall outside the guidelines. The requested Chiropractic treatments are not medically necessary.