

<b>Case Number:</b>	CM13-0065848		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Acupuncture and Chiropractic 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 32 year old female who reported an injury on 11/01/2012 due to an unspecified mechanism of injury. On 09/20/2013, she reported low back and neck pain rated at a 7/10. There was also radiation of pain and tingling to the bilateral arms. Physical examination of the cervical spine showed decreased range of motion with flexion 30/50 degrees, extension 45/60 degrees, right and left rotation 70/80 degrees, and right and left lateral bending 30/45 degrees. Pain, tenderness and spasm was noted about the bilateral paraspinal muscles and trapezius muscles. Spurling's and Cervical distraction tests were negative bilaterally. The lumbar spine also showed decreased range of motion with flexion 50/60 degrees, extension 20/25 degrees, right and left rotation 20/30 degrees, and right/left lateral bending 20/25 degrees. Pain, tenderness, and spasm were also noted about the bilateral paraspinal muscles and bilateral lumbar spine muscles. Straight leg raise was negative bilaterally. An MRI of the cervical spine dated 06/26/2013 showed spinal cord signal changes on T2 weighted images without any spinal cord compression, and no instability, and compression on extension. An EMG/NCV of the upper extremity dated 10/16/2013 showed findings to be within normal limits. Her diagnoses were listed as cervical disc disease with radiculopathy, cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, tension headache and insomnia. Medications included anaprox DS/Naproxen 550mg, Ultracet/Tramadol 37.5mg, Protonix/Pantoprazole DR 20mg, Xanax/Alprazolam 0.5mg, and Cyclobenzaprine 7.5mg. Past treatment included trigger point/ toradol injection, medications, and physical therapy. The treatment plan was for four chiropractic therapy visits for the thoracic spine, once a week for 4 weeks as an outpatient. The request for authorization form was signed on 11/13/3013. The rationale for treatment was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **FOUR CHIROPRACTIC THERAPY VISITS FOR THE THORACIC SPINE, ONCE A WEEK FOR 4 WEEKS AS AN OUTPATIENT: Upheld**

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

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

**Decision rationale:** The request for four chiropractic therapy visits for the thoracic spine, once a week for 4 weeks as an outpatient is non-certified. The most recent examination provided for review dated 09/20/2013 showed that the injured worker had complaints of low back pain rated at a 7/10. Her physical examination showed a moderate decrease in range of motion of the cervical and lumbar spine. The California MTUS guidelines state that manual therapy and manipulation is recommended for the low back as an option with a therapeutic trial of 6 visits over 2 weeks. Based on the clinical documentation provided, it does appear that the injured worker has had previous chiropractic therapy. The number of sessions attended was not stated and there is no documentation of functional improvement with the prior sessions. The documentation provided is lacking evidence of efficacy with previous therapy needed to warrant the request. Given the above, the request is not medically necessary.