

<b>Case Number:</b>	CM13-0068240		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 & 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 52 year old male that reported an injury on 09/15/2010. The mechanism of injury was a fall. The surgical history includes status post Anterior Cervical Discectomy and Fusion at C5-6, C6-7 03/11/2013. The patient complains of neck pain with numbness and tingling in the right arm, had difficult grasping with right hand and had dropped things, complained of intermittent lumbar pain sometimes with burning sensation and muscle spasm. Completed chiropractic treatment two weeks previous, noted to have 1 authorized physical therapy session to complete for his neck. Medications listed were Lorcet 10/650, and Soma. MRI lumbar spine 10/03/2013 Impressions, L4-5 disc protrusion with mild spinal canal stenosis and mild bilateral neuroforaminal stenosis. L3-4 right foraminal disc protrusion with facet arthropathy, mild spinal canal stenosis and moderate right neural foraminal stenosis. L5-S1 1 mm disc bulge with mild bilateral foraminal stenosis. Cervical spine x-rays 11/14/2013 revealed incomplete fusion but fusion mass is consolidating. Hardware screws do not evidence any loosening. Objective findings cervical spine flexion 20 degrees, extension 10 degrees with significant muscle spasm, bending 10 degrees left and right, rotation 10 degrees left and right. Tenderness in bilateral paracervical muscles and midline with 2+ spasms. Lumbar spine flexion 80 degrees with moderate pain, extension 20 degrees, bending 10 degrees left and right, rotation to right is 30 degrees, to the left is 20 degrees, midline tenderness at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to lumbar spine 2 times a week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The CA MTUS states that therapy can provide short relief during the early phases of pain treatment and are directed at symptoms such as pain, inflammation and swelling. The medical records provided did not include any conservative treatments that have been done and helped or failed. There were no corresponding therapy notes on progress or amount of therapy completed. Therefore the request is non-certified.

**Chiropractic treatment to lumbar spine 2 times a week for six weeks:** Upheld

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

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

**Decision rationale:** The CA MTUS states that Chiropractic treatments are recommended for chronic pain if it is caused by muscle skeleton conditions. The medical records provided did not include any conservative treatments that have been done and helped or failed. There were no corresponding therapy notes on progress or amount of therapy completed. Therefore the request is non-certified