

<b>Case Number:</b>	CM13-0068891		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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, has a subspecialty in Pain Medicine 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 49 year old male driver who sustained an industrial injury on 10/01/2013. He was a passenger in a company van involved in a motor vehicle accident; he hit his head and had loss of consciousness. A prior peer review completed on 12/11/2013 partially certified the request for conservative care to the cervical spine with [REDACTED] x 12 sessions, to allow 6 sessions. According to the Doctor's First Report of [REDACTED], dated 10/22/2013, the patient was injured as a passenger in a work van that was involved in an MVA. He was initially evaluated at the ER, and prescribed Motrin and Tylenol. The patient states due to his pain complaints, he sought treatment and was referred to chiropractor, [REDACTED]. He states he was examined and started a course of treatment, and has attended 6 or 7 treatments thus far and notes improvement with reduction in pain. His last treatment was on 10/21/2013. The patient presents with complaint of experiencing severe left-sided headache, neck and upper shoulder pain, right forearm pain and left lower leg pain. Physical examination of the cervical spine reveals mild tenderness to palpation with spasm over paraspinal musculature and trapezius muscles bilaterally, negative cervical compression, and range of motion as follows: 40 degrees flexion, 51 degrees extension, 38 degrees right side bend, 40 degrees left side ben, and 71 degrees right and left rotation. Examination of the head reveals no obvious signs of trauma, normal symmetry, and tenderness to palpation over left temporal region. Examination of the right forearm reveals tenderness over the mid forearm dorsal aspect. Examination of the left lower leg reveals minor healing abrasions and small area of bruising anteriorly, minimal tenderness over the anterior and posterior lower leg musculature. Neurological examination documents intact sensation to all extremities and 2+ DTRs bilaterally. X-rays of the cervical spine obtained are notable for decrease in disc space with anterior vertebral body spurring at C5-C6. Diagnoses are cervical/trapezial musculo-ligamentous sprain/strain with spondylosis; history of closed head

trauma with probable post-traumatic head syndrome; right forearm contusion; left lower leg contusion/abrasions. Treatment plan requests patient continue conservative care to cervical spine with [REDACTED] for additional 3x4 wks, neurologist consultation, use of Ultram 50mg #120, and follow up in 4-6 weeks. Work status is TTD.

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

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

**CONSERVATIVE CARE TO THE CERVICAL SPINE WITH [REDACTED] X 12 SESSIONS:** 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 CA MTUS guidelines recommend Manual therapy & manipulation for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. According to the 10/22/2013 Doctor's First report of [REDACTED], the patient reports he had undergone 6-7 chiropractic treatments with reduction in pain. According to the guidelines, an initial trial of 6 sessions and with evidence of objective functional improvement, a total of up to 18 visits are recommended. There is lacking objective evidence to support functional improvement obtained. However, based on the subjective claim of benefit with treatment, an additional 6 sessions would be reasonable and appropriate to further relieve symptoms and provide the patient with instruction in an effective home exercise program, as recommended by the guidelines. At that point, he should be versed in a home exercise program with focus on stretching, strengthening, and ROM activities and application of self-applied modalities, such as ice/heat packs. The medical necessity of 12 sessions of conservative care is not medically necessary, however 6 sessions is supportable.