

<b>Case Number:</b>	CM14-0001714		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Occupational 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:

There were 15 pages provided for this review. It is noted that little clinical information is provided that relates to a need for these rehabilitative services requested. Records were cross checked for accuracy to be sure they were the same case number. There was a report from June 20, 2014. A urinalysis was normal. X-ray of the orbits were normal. MRI of the cervical spine showed C4 C5 and C5 C6 disc protrusion and disc desiccation. The diagnoses were cervical spine sprain strain, myospasms, upper extremity neuropathy, lumbar spine sprain-strain, lumbar radiculopathy, 2 mm disc bulge at L4-L5 and L5 transitional segment, cervicalgia, C4-C5 and C5-C6 broad-based disc protrusion and disc desiccation and insomnia, anxiety and depression. There is mention of a request was for a functional restoration program two times a week for the next six weeks as well as range of motion and muscle testing [different from the IMR request]. They were also requesting urine sample collections [different from this IMR request]. A copy of the drug test results were provided and appear to be entirely negative. There was an MRI of the cervical spine from may first 2014. The impression was disc desiccation C-2-C3 down to C5-C6, at C4-C5 there was a broad-based disc protrusion which abuts the anterior aspect of the spinal cord. There was concurrent bilateral uncovertebral joint degenerative change. At C5-C6 there was a broad-based disc protrusion which calls stenosis at the spinal canal. There was straightening of the normal cervical lordosis and mucus retention cyst versus polyp of the right maxillary sinus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **OUTPATIENT CHIROPRACTIC TREATMENT WITH CHIROPRACTIC SUPERVISED PHYSIOTHERAPY 2 X 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 of 127.

**Decision rationale:** It is not clear if this is the first, or additional chiropractic physical therapy. The MTUS stipulates that the intended goal of this form of care 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. It notes for that elective and maintenance care is not medically necessary. In this case, the notes were not clear in regards to why these services were needed, and there is no documentation of 'progression of care'. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. With 18 automatic sessions per year, this key concept of MTUS ACOEM is not met. The request was appropriately non-certified.