

<b>Case Number:</b>	CM14-0004277		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/18/2005
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2014

### 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 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 55 year old male who reported an injury of unknown mechanism on 5/18/05. In the clinical note dated 12/17/13, the injured worker complained of central low back pain which was constant with average pain rated at 7-8/10, the worst pain being in the morning and in the evening. The injured worker also complained of left arm weakness and numbness, dropping more objects. The injured worker stated that physical therapy and traction therapy helped a lot, and that chiropractic therapy helped loosen him up in the past. The physical examination revealed left upper extremity weakness in C6-C8 myotomes, positive left Phalen's, chronic antalgic gait noted with difficulty toe walking, and the inability to heel walk due to weakness on the left leg. The lumbar spine examination revealed decreased range of motion and centralized low back pain. The diagnoses included cervicgia/bilateral upper quadrants, cervical degenerative disc disease status post cervical anterior cervical fusion, bilateral cervical radiculopathy, low back injury status post discectomy-with decreased functional status, radicular symptoms that are worsening, increased psycho-social stressors, and status post bladder surgery 3/13/12. The treatment plan included continuation of prescribed medications, a stronger TENS unit, a request for spine evaluation, request for 10 more sessions of physical therapy, request for orthotic medical mattress, a chiropractic trial 2 times a month plus 6 months for conservative treatment, request for Mobic, and request for acupuncture as adjunct conservative treatment trial 4 times a month for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **TWELVE (12) CHIROPRACTIC VISITS FOR CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 2ND. EDITION, 2004., CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS ), 173

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-59

**Decision rationale:** The California MTUS guidelines state that chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic session 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. The clinical note documented that the injured worker had previous chiropractic sessions and that they had helped, however the clinical note lacked the documentation of positive symptomatic or objective measurable gains in functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The request is excessive in that it asks for 12 sessions. As such, the request is not medically necessary.