

<b>Case Number:</b>	CM14-0104280		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/23/1994
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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:

This 57 year old female continues to complain of ongoing and increasing lower thoracic spine and low back pain, due to progressive thoracic scoliosis, and stemming from a work related injury on 11/23/1994. Diagnoses have included consultations; diagnostic studies; MRI's noting:lumbar (L) 4 to sacral (S) 1 fusion (2001), adjacent level disc disease at L1-L4, thoracic spine herniated nucleus pulposus at thoracic (T) 5-T6, T6-T7, and T7-T8, progressive pain related to disc pathology as per MRI of the thoracic spine at T1-T2, T5-T6, T11-T12 and T12-L1, and T2-T10 Scoliosis. As per the medical records submitted for my review, treatments have included injection therapy, a weight loss program, medication management and surgery. The operative report, dated 2/18/2014, shows a right transforaminal thoracic epidural injection under flouroscopy at T5, T6 and T7, x1, with intraoperative thoracic epidurogram and injection of local anesthetic and steroid for diagnosis of right thoracic radiculitis, herniated nucleus pulposus, thoracic spine T5-T6 and T6-T7, bilateral thoracic facet syndrome and thoracic spondylosis. Re-evaluation progress notes, dated 2/26/2014, show no significant change in complaints. The pain in her lower thoracic and low back is described as constant, sharp, accompanied by burning, and rated a 8/10 on the pain scale. Objective assessment findings note 3+ hypertonicity and spasm of the parathoracic muscles bilaterally, right > left, and also to the paralumbar muscles bilaterally, right > left; there is noteable decrease in range-of-motion, decrease in deep tendon reflexes bilaterally; positive Valsalva's maneuver, Kemp's test bilaterally and positive Facet sign bilaterally; measurements noting morbid obesity; and there is no noted decrease in lower extremity motor strength. The IW work status is noted to be permanently partially disabled. The treatment recommendation was for an thoracolumbar junction MRI study of T12 to L1 & L2 levels; to rule out disc herniation and nerve root lesion. The PR-2 form with assessment and treatment plan, dated 3/14/2014, is hand written and mostly illegible. Re-evaluation notes, dated

4/23/2014, shows complaints of ongoing mid- back pain with loss of motion and states a 50 pound weight gain since 2003. There was no noted changes in the objective assessment findings. Review of the requested MRI shows a 1-2mm central posterior disc protrusion at T1-T2, T11-T12 and T12-L1; a 1mm central posterior disc protrusion at T5-T6; as well as a mild to moderate dextroscoliosis of the thoracic spine and a 25 degree thoracic kyphosis with a 20 degree lateral kyphosis. The treatment plan included authorization for a weight loss program and a course of chiropractic treatment, myofascial release and therapeutic exercise to the thoracic spine due to progressive thoracic scoliosis, and MRI disc pathology 2-3 times a week for four weeks. Request for authorization is only noted to include the weight loss program and the course of chiropractic treatments. The IW remains on permanent disability. On 6/18/2014, Utilization Review (UR) non-certified, for medical necessity, a request for outpatient chiropractic treatments, 1-3 times a week for 4 weeks, for progressive thoracic scoliosis. The UR cited specific questions regarding the 24 degree scoliosis, whether there was any lumbar and thoracic spine disc involvement, what the the physician expected to accomplish with this requested treatment; and cited Table 2 of the ACOEM Cervical and thoracic Spine Disorders recommendations.

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

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

#### **12 Outpatient chiropractic treatments to the Thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Manipulation.

**Decision rationale:** The request is considered not medically necessary as stated. Neck exercises for range of motion and strengthening are recommended and manipulation is recommended as an option although it is not advisable to use beyond 2-3 weeks if there no is no objective functional improvement. ODG guidelines for cervical spine recommend less than the 12 requested sessions to see if there is improvement in functional capacity before continuing with more sessions. Therefore, the request is considered not medically necessary as stated.