

<b>Case Number:</b>	CM14-0169092		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Preventive 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:

According to the records made available for review, this is a 31-year-old female with a 6/20/13 date of injury. At the time (8/29/14) of request for authorization for Chiropractic treatments 6 visits, Orthopedic spine consult, and Neurology consultation, there is documentation of subjective (neck pain, low back pain radiating to mid back and left lower extremity, difficulty breathing, and bilateral leg pain from knee to ankle) and objective (tenderness over lower thoracic spine as well as paraspinal muscle, decreased thoracic range of motion, and tenderness over lumbar spine) findings, imaging findings (reported MRI thoracic spine (1/2/14) revealed mild scoliosis of thoracolumbar spine, T10 butterfly vertebra, moderate wedging of the superior endplate of T10 to the right and left of midline bilaterally, and no disc herniation or central canal stenosis; report not available for review. Reported MRI lumbar spine (1/2/14) revealed normal examination; report not available for review), current diagnoses (musculoligamentous strain of the thoracic spine with spondylosis, musculoligamentous strain of the lumbar sprain, and rule out herniated nucleus pulposus cervical/thoracic/lumbar spine as well as subluxation of thoracic/lumbar spine), and treatment to date (6 sessions of chiropractic treatment, physical therapy, acupuncture therapy, and medications). Medical report identifies that chiropractic treatment was beneficial; and patient has difficulty in reaching forward, bending, or standing for long periods of time; and difficulty in lifting heavy objects from overhead and from below waist level. Regarding Chiropractic treatments 6 visits, there is no documentation of objective improvement with previous treatment. Regarding Orthopedic spine consult, there is no documentation of persistent, severe, and disabling lower leg/shoulder or arm symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy); objective signs of neural compromise; and failure of conservative treatment to resolve disabling radicular symptoms. Regarding Neurology consultation, there is no documentation that consultation is

indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work.

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

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

**Chiropractic treatments 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173; 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Manipulation for the neck; Treatment of the low back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-29, Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58.

**Decision rationale:** MTUS reference to ACOEM identifies documentation of objective improvement with previous treatment, functional deficits, functional goals, and a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits, as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines supports a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous strain of the thoracic spine with spondylosis, musculoligamentous strain of the lumbar sprain, and rule out herniated nucleus pulposus cervical/thoracic/lumbar spine as well as subluxation of thoracic/lumbar spine. In addition, there is documentation of at least 6 previous chiropractic treatments completed to date, functional deficits, and functional goals. However, there is no documentation of objective improvement with previous treatment. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic treatments 6 visits is not medically necessary.

**Orthopaedic spine consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 305-306, and 180.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of persistent, severe, and disabling lower leg/shoulder or arm symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations for more than one month or extreme progression of symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support

the medical necessity of a spine specialist referral. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous strain of the thoracic spine with spondylosis, musculoligamentous strain of the lumbar sprain, and rule out herniated nucleus pulposus cervical/thoracic/lumbar spine as well as subluxation of thoracic/lumbar spine. In addition, given documentation of difficulty in reaching forward, bending, or standing for long periods of time; and difficulty in lifting heavy objects from overhead and from below waist level, there is documentation of activity limitations for more than one month or extreme progression of symptoms. However, despite documentation of subjective (low back pain radiating to mid back as well as left lower extremity and bilateral leg pain from knee to ankle) findings and given documentation of medical report's reported MRI of thoracic spine (mild scoliosis of thoracolumbar spine, T10 butterfly vertebra, moderate wedging of the superior endplate of T10 to the right and left of midline bilaterally, and no disc herniation or central canal stenosis) and MRI lumbar spine (normal examination), there is no (clear) documentation of persistent, severe, and disabling lower leg/shoulder or arm symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy). In addition, given documentation of non-specific objective (tenderness over lower thoracic spine as well as paraspinal muscle, decreased thoracic range of motion, and tenderness over lumbar spine) findings, there is no specific (to a nerve root distribution) documentation of objective signs of neural compromise. Furthermore, despite documentation of treatment to date (chiropractic treatment, physical therapy, acupuncture therapy, and medications), and given documentation of an associated request for additional conservative treatment (chiropractic treatment), there is no (clear) documentation of failure of conservative treatment to resolve disabling radicular symptoms. Therefore, based on guidelines and a review of the evidence, the request for Orthopedic spine consult is not medically necessary.

**Neurology consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and consultations, page(s) 127

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous strain of the thoracic spine with spondylosis, musculoligamentous strain of the lumbar sprain, and rule out herniated nucleus pulposus cervical/thoracic/lumbar spine as well as subluxation of thoracic/lumbar spine. However, given no documentation of a rationale identifying the medical necessity of neurology consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for

return to work. Therefore, based on guidelines and a review of the evidence, the request for Neurology consultation is not medically necessary.