

<b>Case Number:</b>	CM14-0021837		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Care 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 61 year old male who was injured on 11/08/2011. Patient sustained an injury when he slipped and fell while walking on the roof. He injured his neck, back, and left arm. Prior treatment history has included transforaminal epidural steroid injection using fluoroscopy at the level C4-C5, C5-C6, total of 2 levels performed, epidurogram, and interpretation of epidurogram on 03/07/2014. The patient underwent a discectomy at C5-C6 and C6-C7 on 11/09/2012. Qualified medical examiner dated 02/14/2014 states the patient complained of pain with writing, pain in his neck, riding a bicycle. He states lifting objects in repetition causes pain in his shoulder and neck and sometimes sleeping makes the left arm numb. On examination of the cervical spine, range of motion of the sagittal plane reveals extension 40/60; flexion 30/50; range of motion of the frontal plane reveals left lateral bend 25/45; and right lateral bend 30/45; left rotation 60/80; and right rotation 65/80. Shoulder range of motion is within normal limits bilaterally. There are no signs of impingement syndrome or rotator cuff tear. Elbow range of motion is normal bilaterally. Forearm range of motion is normal bilaterally. Wrist range of motion is normal bilaterally. The biceps, triceps and brachioradialis deep tendon reflexes are 2+ and symmetrical. There is decreased sensation to pinprick over C5, C6, and C7 in the left upper extremity distributions. The range of motion of the thoracic spine is within normal limits. Range of motion of the lumbosacral spine is normal. Diagnoses are cervical pain, cervical radiculopathy, cervical disc disorder and cervical laminectomy syndrome. The patient has been authorized for 12 chiropractic sessions. Prior utilization review dated 02/10/2014 states the request for 12 chiropractic medicine sessions is certified as there has been functional improvement in the past with this therapy and other treatments have provided limited relief of pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CHIROPRACTIC MEDICINE CERVICAL 2X6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, Manual therapy, i.e Chiropractic care, is recommended for chronic pain if caused by musculoskeletal conditions. A trial of 6 visits over 2 weeks with evidence of objective functional improvement being documented. This request is for a diagnosis of cervical sprain/strain, post-surgical laminectomy syndrome, and cervical radiculopathy. Review of the medical records reveals this patient was treated with Chiropractic care on a 3x3 basis. The records also reveals on 1/24/2012, the patient was recommended for orthopedic evaluation and that chiropractic care given to date had very little success in reliving the patient's pain, or in aiding his return to improved functional capacity. The date of injury for this patient is 11/08/2011 and as such he is far beyond the initial 4-6 weeks where most improvement would be expected, per the CA MTUS guidelines. (Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week. Elective/maintenance care is not medically necessary. Recurrence/flare-ups- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months.) There is no documentation found in the records stating any functional improvement derived by prior treatment, and there is no any stated goals as to what improvements in functional capacity would be gained, therefore, decision for Chiropractic medicine two times six is not medically necessary.