

<b>Case Number:</b>	CM14-0033542		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 licensed in Chiropractic 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 59 year old male who was injured on 12/04/2012 when he lifted a heavy box. The patient's medications as of 02/28/2014 included Advil, Tylenol, Norco, Percocet, and Gabapentin. Progress report dated 02/28/2014 states the patient complained of neck pain that increased with neck extension and radiates down the bilateral upper limbs. He has had 2 epidural steroid injections (ESIs) and states that these injections increased his back pain that radiated down his left lower limb. On exam, the cervical spine revealed positive Spurling's bilaterally. Anterior flexion to 35 degrees; extension to 15 degrees; left lateral rotation to 25 degrees and right lateral rotation to 25 degrees. The lumbar spine revealed positive straight leg raise on the left at 60. Palpation of the lumbar facet reveals pain on both the sides at L3-S1. There is pain noted over the lumbar intervertebral space (discs) on palpation. Anterior flexion of the lumbar spine is to 50; extension to 15 degrees; right lateral flexion to 25 degrees. There is decreased sensation in the upper extremity in the bilateral C6-7 distribution and in the left lateral chest wall. Lower extremity has decreased sensation as well in the left lateral thigh and calf area. Diagnoses are cervical radiculopathy, unspecified neuralgia neuritis, and radiculitis. The treatment and plan included 12 sessions of physiotherapy and chiropractic treatment. Prior utilization review dated 03/10/2014 states the request for 12 Chiropractic Visits was not authorized as the patient has had prior surgical procedures including left shoulder surgeries and bilateral carpal tunnel release. The patient has been provided with treatment in the form of physical therapy sessions and chiropractic care. However, there is no documented functional improvement from these treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): (58-60).. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter, Manipulation.

**Decision rationale:** The request is for 12 sessions of chiropractic for a diagnosis of cervical neuritis and radiculopathy . The records indicate this patient has had surgical intervention and therefore had prior physical therapy and or Chiropractic care. The patient's records do not specify what if any functional improvements/benefits this patient has realized by past treatment nor do the records indicate what specific subjective and or objective improvements in functional capacity can be expected with the additional requested 12 sessions of Chiropractic. There is also no documentation as to whether this patient has been or soon will be transitioned to a home exercise program (HEP). For the afore mentioned, this request does not meet the CA MTUS guideline recommendations for treatment, therefore, the decision for Chiropractic times 12 is not medically necessary.