

<b>Case Number:</b>	CM14-0049534		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Board Certified in Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, mid back, and low back pain reportedly associated with an industrial injury of November 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; 8 sessions of physical therapy and 12 sessions of manipulative therapy, per the claims administrator; opioid therapy; and work restrictions. In a Utilization Review Report dated March 19, 2014, the claims administrator denied a request for additional chiropractic manipulative therapy. Somewhat incongruously, the claims administrator stated that the request was for "one to two regions" of manipulative therapy in one section of the report and then stated that the request represented a request for "an additional 12 sessions of chiropractic treatments for the lumbar spine." Also, denied electrodiagnostic testing of the bilateral lower extremities. The applicant's attorney subsequently appealed. On January 29, 2014, the applicant apparently presented with persistent complaints of neck, mid back, and low back pain with patchy altered sensorium about the bilateral lower extremities. The attending provider stated that the applicant had not improved to date. 12 sessions of chiropractic manipulative therapy, multiple modalities including cold therapy, massage, ultrasound, electrical stimulation, deep massage, and infrared heat were also sought. Norco, Protonix, and Naprosyn were endorsed, along with a rather proscriptive 10-pound lifting limitation. It was suggested that the applicant was not working with said limitation in place. On February 26, 2014, the attending provider acknowledged that the applicant had had some chiropractic manipulative therapy through that point in time. The applicant apparently exhibited decreased sensorium about the bilateral upper and bilateral lower extremities. The applicant exhibited presumptive diagnosis of cervical lumbar radiculopathy. Norco, Protonix, Naprosyn, MRI imaging of numerous body parts, electrodiagnostic testing of bilateral upper and bilateral lower extremities were sought. The applicant was asked to continue chiropractic

manipulative therapy in the interim. The same rather proscriptive 10-pound lifting limitation was again endorsed. The applicant did not appear to be working.

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

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

**Additional 12 Chiropractic treatments for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: Chronic pain Manual therapy and manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173; 299.

**Decision rationale:** Since the applicant's case was not chronic pain case as of the date of the request, February 26, 2014, or as of the date of the Utilization Review Report, March 19, 2014, the MTUS Guidelines in ACOEM Chapters 8 and 12 are more appropriate selection than the MTUS Chronic Pain Medical Treatment Guidelines. As noted in ACOEM Chapter 12, page 299, if manipulation does not bring requisite improvement in three to four weeks, it should be stopped and the applicant reevaluated. Similarly, ACOEM Chapter 8, page 173 also notes that manipulation or any other passive manual approach should be incorporated within the context of a program of functional restoration as opposed to for pain control purposes. In this case, however, the applicant had failed to demonstrate any evidence of functional restoration or functional improvement as defined by the parameters established in MTUS 9792.20f despite completion of 12 prior sessions of chiropractic manipulative therapy through the date of the request. The attending provider continued to renew a rather proscriptive 10-pound lifting limitation, seemingly unchanged, from visit to visit. The applicant continued to remain dependent on opioid medications such as Norco. All the above, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier chiropractic manipulative therapy. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.