

<b>Case Number:</b>	CM14-0076821		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/16/1999
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Acupuncture and is licensed to practice in Texas. 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 injured worker is an 81-year-old female who reported an injury on 08/16/1997 caused by an unspecified mechanism. The injured worker's treatment history included MRI, chiropractic sessions, medications, EMG. The injured worker was evaluated on 07/08/2014 and there was documentation that the injured worker complained of chronic pain of cervical and lumbar spine. Her pain level was 6/10 to 7/10 on the pain scale with medications. She was presently well maintained on a combination of these medications to include gabapentin 300 mg and Ultracet 37.5 and Voltaren gel for topical relief. Physical examination revealed there was spasm and tenderness observed in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion on flexion and extension. The injured worker does not have an antalgic gait. Decreased grip strength was noted bilaterally. Decreased sensation with pain was noted at C6 and C7 dermatomal distributions bilaterally. The injured worker was evaluated on 08/15/2014 and was documented the injured worker stated that her flare ups which were controlled with conservative/chiropractic care, physiotherapy, home exercise (home care is not adequately reducing her pain alone), and with the loss of medically necessary medication was causing her to have flare up. The provider noted the injured worker had an angioplasty on 11/05/2007, having a stent put in. She has had to decrease to her medication due to the heart condition. Physical examination of the cervical spine revealed limited cervical range of motion. Flexion was 20/30 with pain, extension was 15/30 with pain, rotation right was 25/60 with pain, rotation left was 30/60 with pain, right lateral was 20/40 with pain, and left lateral was 15/40 with pain. Foraminal compression was positive in neutral extension, right and left lateral flexion, cervical distraction was positive for relief of symptom, and Soto Hall's test was negative. There was decreased altered sensation over the C5-6 on the left and C7-8 bilaterally. The Request for Authorization dated 08/15/2014 was for 12 chiropractic manipulation treatments with mobilization, traction,

muscle stimulation, ultrasound, and therapeutic exercise and the rationale was to control the injured worker's flare up pain on her cervical spine.

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

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

**Twelve (12) chiropractic manipulation treatments with mobilization, traction, muscle stimulation, ultrasound and therapeutic exercise: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic manipulation, Manual therapy and manipulation.

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

**Decision rationale:** The California MTUS Guidelines supports "Up to 18 visits of chiropractic sessions Manual Therapy & Manipulation as recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." The documents submitted stated the injured worker attended prior physical therapy sessions however, there were no outcome measurements home exercise regimen or previous physical therapy or chiropractic sessions. In addition, the request failed to indicate location where treatment is required for the injured worker. Given the above, the request for 12 Chiropractic Manipulation treatments with mobilization, traction, muscle stimulation, ultrasound and therapeutic exercise is considered not medically necessary.