

<b>Case Number:</b>	CM14-0077198		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/25/2014
<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 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 35-year-old male, born on [REDACTED]. While operating a bus on 06/06/2013, the patient was assaulted by a passenger. Right forearm MRI imaging was performed on 10/15/2013 with no evidence of focal forearm fracture or hematoma formation, and suggestion of focal central perforation of the triangular fibrocartilage at the wrist. The cervical spine MRI of 10/15/2013 revealed multilevel disc bulges and protrusions, multilevel hypertrophic changes contribute to multilevel bilateral neural foraminal narrowing, partial right lateral recess impingement at C3-4, and mild central canal stenosis at C5-6 and C6-7. The lumbar spine MRI of 10/15/2013 revealed: 1. L4 minimal grade 1 anterolisthesis. Degenerative disc changes with circumferential disc bulging and focal left paracentral protrusion. Facet arthropathy contributes to left lateral recess impingement and impingement of the descending left L5 nerve root. 2. L5-S1 3 millimeter circumferential disc bulge. Hypertrophic changes at this level contribute to severe central right neural foraminal narrowing. 3. Mild degenerative hypertrophic changes at L2-3 and L3-4. Upper extremity electrodiagnostic studies of 11/20/2013 were interpreted as normal EMG/NCS studies of the bilateral upper extremities. On 11/20/2013, the patient received Lidocaine and Kenalog injection into the bilateral lumbosacral paraspinal muscles. Lower extremity electrodiagnostic studies on 12/04/2013 were interpreted as normal EMG/NCS studies of the bilateral lower extremities. The patient has treated with acupuncture (number of total visits not reported), PT (number of total visits not reported), and chiropractic (number of total visits not reported). The 02/26/2014 RFA requested authorization for acupuncture and chiropractic at a frequency of 2 times per week for 4 weeks. The 04/16/2014 RFA requested authorization for acupuncture and chiropractic at a frequency of 2 times per week for 4 weeks. The chiropractor's first report of occupational injury or illness does not report the date of initial presentation. The patient noted complaints of neck pain and low back pain. Examination findings on date of entry

were noted as restricted cervical and lumbar ranges of motion with pain, cervical and lumbar muscle spasm with hypertonicity; positive findings on cervical compression, Patrick Faber, Kemp's, and segmental dysfunction in the cervical and lumbar spines. The chiropractor diagnosed chronic cervical sprain/strain (847.0) and chronic lumbosacral sprain/strain (846.0) and requested 6 chiropractic sessions. There is a request for 8 additional chiropractic treatment sessions at a frequency of 2 times per week for 4 weeks for the cervical spine, lumbar spine, and right wrist.

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

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

**additional chiropractic treatment 2 X 4 weeks, cervical/lumbar/right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

**Decision rationale:** The request for additional chiropractic treatment sessions at a frequency of 2 times a week for 4 weeks for the cervical spine, lumbar spine, and right wrist is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks as treatment for low back complaints may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups of low back pain, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The submitted documentation notes the patient had treated with prior chiropractic care, but there is no evidence of measured objective functional improvement with prior chiropractic care to the lumbar spine, there is no evidence of a recurrence/flare-up, there is no evidence of a new condition, and elective/maintenance care is not supported to be medically necessary. Therefore, the request for 8 additional chiropractic sessions to this patient's lumbar spine exceeds MTUS recommendations and is not supported by MTUS to be medically necessary. The submitted documentation notes the patient had treated with prior chiropractic care, but there is no evidence of objective progress towards functional improvement with prior chiropractic care to the cervical spine, there is no evidence of a recurrence/flare-up, there is no evidence of a new condition, and elective/maintenance care is not supported to be medically necessary. Therefore, the request for 8 additional chiropractic sessions to this patient's cervical spine exceeds ODG recommendations and is not supported to be medically necessary.