

<b>Case Number:</b>	CM14-0078742		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 a licensed Chiropractor & Acupuncturist, and is licensed to practice in New York. 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:

Upon review of the medical records, the applicant is a 65 year old female whom sustained a work related injury that occurred on June 12, 2009 while employed by [REDACTED] as a registered nurse. There was a plastic towel clip on the floor and she has a slip and fall, falling onto her left side and then fell to the floor, striking her low back, left leg, left arm, neck and head. Thus far treatment has consisted of chiropractic treatment, physical therapy, medications, cervical and lumbar epidural injections, cervical and lumbar radiofrequency ablation, C5/6 foraminotomy, post laminectomy lumbar, L4/5 fusion and left shoulder arthroscopy. MRI of the cervical spine 7/17/09 demonstrated multilevel disc degeneration and spondylosis most pronounced at C4/5, advanced disc degeneration narrowing of central canal and at least moderate osteophytic foraminal narrowing. Less pronounced degenerative changes at other disc levels. CT scan of the lumbar spine 7/17/09 demonstrated stable postoperative fusion at L4/5 with degenerative disc disease at L5/S1 and a small contained left paracentral disc protrusion with possible extension to the left neural foramen. MRI dated 7/17/09 of the lumbar spine also revealed status post laminectomy, discectomy and spinal fusion, L4/5 with no evidence of spinal stenosis and mild degenerative spondylosis at L2/3 and L5/S1. The applicant returned to work initially four days per week and was difficult due to pain and she could work three days per week. The applicant's employer cannot accommodate this work schedule. The applicant is not working. Upon review of medical evaluation report dated 12/20/13 there was several date of medical evaluations reviewed. A medical note dated 6/4/13 indicated the applicants pain level was a 6/10 for the low back, left buttock, left knee and shoulder region. Medication regimen was to be continued and chiropractic treatment was requested. On 6/25/13 the medical note indicated that occasional chiropractic manipulative procedures should be continued and the doctor feels maintenance chiropractic care would be indicated. On 8/5/13

chiropractic treatment was recommended for a stiff neck and upper back. On 10/30/13 the applicant presented with left sided neck, trapezius pain and numbness into left hand. Upon review of medical reports dated 4/11/14 and 5/14/14, the physician indicated that the applicant has had good pain relief with chiropractic treatment and prefers to stay with more conservative treatment. The applicant was authorized for cervical radiofrequency ablation but wanted to defer the procedure and continue with chiropractic therapy. Before the sessions her pain was 7/10 on VAS with medications after the sessions the pain was 5/10. The functional objective improvement findings were indicated as increase range of motion of the neck with turning her head from side to side, there was increased ability to raise her left arm above shoulder level and extend the left arm behind her, she was able to use both arms better to wash and fix her hair and able to drive more easily because she can turn her head more easily. Chiropractic treatment was also indicated as helping with her thoracic and lumbar pain.

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

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

**Additional Chiropractic Treatments (6-sessions):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, Functional improvement measures

**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)- TWC-19th annual edition, Neck and Upper Back Manipulation

**Decision rationale:** The applicant is a 65 year old female whom sustained a work related injury that occurred on June 12, 2009 while employed by [REDACTED] as a registered nurse. There was a plastic towel clip on the floor and she has a slip and fall, falling onto her left side and then crashing a doorway, striking her low back, left leg, left arm, neck and head. The applicant continues to subjectively complain of neck and left upper extremity pain and low back and left lower extremity pain. The records indicated the applicant has received chiropractic treatment (number of sessions are not documented) which helped her to exercise in the pool and after treatment. She felt more balanced, muscle not as tight and improved range of motion of the cervical spine. Upon review of chiropractic PR2 report dated 2/28/14 the report indicated that after the 2nd session of care the applicant's overall objectives were reduced by 15%-20%. A diagnosis was given as: cervicgia and low back pain. Upon review of medical report appeal dated 4/11/14 and 5/9/14, the physician indicated that the applicant has had good pain relief with chiropractic treatment and prefers to stay with more conservative treatment. Before the sessions her pain was 7/10 on VAS with medications after the sessions the pain was 5/10. The applicant was authorized for cervical radiofrequency ablation but wanted to defer the procedure and continue with chiropractic therapy. The functional objective improvement findings were indicated as increase range of motion of the neck with turning her head from side to side, there was increased ability to raise her left arm above shoulder level and extend the left arm behind her, she was able to use both arms better to wash and fix her hair and able to drive more easily because she can turn her head more easily. Chiropractic treatment was also indicated as helping with her thoracic and lumbar pain. Based upon review of the medical records, MTUS Chronic

Pain Medical Treatment Guidelines, Manual Therapy & Manipulation Low Back as well as the Official Disability Chiropractic Treatment Guidelines, Upper Back and Neck Chapter do indicate that treatment is recommended with evidence of objective functional improvement. The medical records document the applicant experienced some positive outcome and functional improvement from prior chiropractic treatments. The request for additional six chiropractic sessions is medically necessary and appropriate.