

<b>Case Number:</b>	CM14-0170243		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Virginia

Certification(s)/Specialty: Chiropractor

### 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 a 59-year-old male who reported an injury on 09/03/2013. The mechanism of injury was due to getting punched in the back of the neck with a closed fist by one of her students. The injured worker had diagnoses of multilevel degenerative disc disease with multilevel broad based disc bulging associated with posterior element osteophytosis, with resultant moderate central spinal canal stenosis at C5-6, anterolisthesis at C4-5 with mild degree of flexion instability, and neck pain with occasional radiation into the right shoulder and upper extremity secondary to #2 with industrial aggravation. Past medical treatment consisted of injections, interventional therapy, and medication therapy. On 02/26/2014, the injured worker underwent an MRI of the cervical spine, which revealed that the bone marrow signal intensity was normal. There was straightening and slight reversal of C-spine lordosis. There was a 3 mm anterolisthesis of C4 on C5. The cerebellar tonsils were in anatomic location. Paraspinal soft tissues were unremarkable. On 07/16/2014, the injury complained of stiffness at the base of the neck associated with headaches. There was no significant radiation to the arm, though pain was seemingly made worse with lifting and pushing. The injured worker currently rated the pain at 3/10. Medications include Advil, baclofen, and Robaxin. Physical examination of the cervical spine revealed normal, with slight guarded posture, with guarding of active voluntary range of motion and forward flexion mostly, with complaints of stiffness at the extremes of forward flexion. There was some tenderness at the base of the right paracervical area and the right trapezoid's musculature. Motor of the upper extremities were normal in all major muscle groups. Sensory examination was intact throughout the upper extremities to light touch. Deep tendon

reflexes were 0 to 1+ in bilateral triceps, biceps, and brachioradialis, and symmetrical. The medical treatment plan is for the injured worker to continue with conservative treatment, and consider a surgical consultation. The provider feels that at this point, the injured worker would not be considered a surgical candidate. The Request for Authorization form was not submitted for review.

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

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

#### **Chiropractic treatments X6 for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43, 49, 83 and 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy Manual Therapy Page(s): 58-59.

**Decision rationale:** The request for chiropractic treatments x6 for the neck is not medically necessary. The California MTUS state that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. For the neck, therapy is recommended initially in a therapeutic trial of 6 sessions and, with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare-ups require a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand or knee. If chiropractic treatment is ongoing to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The treatment beyond 4 to 6 weeks should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. It was noted in the submitted documentation that the injured worker had undergone interventional therapy. However, it did not specify what type of therapy the injured worker had undergone, nor did it indicate the efficacy. The injured worker's physical examination of the cervical spine/neck revealed that there was tenderness at the base of the right paracervical area. However, motor of the upper extremity was normal, as was sensory examination throughout the upper extremities. Deep tendon reflexes were 0 to 1+ in bilateral triceps, biceps, and brachioradialis symmetrically. In the absence of the specific prior therapy the injured worker has undergone, and functional deficits on physical examination, the request cannot be substantiated. As such, the request is not medically necessary.