

<b>Case Number:</b>	CM15-0203442		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: California, Minnesota  
 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 48 year old male, who sustained an industrial injury on 10-1-2012. The injured worker was being treated for cervical disc disorder. Medical records (6-18-2015, 7-23-2015, and 9-3-2015) indicate ongoing neck and bilateral arm pain, which are unchanged. The physical exam (6-18-2015, 7-23-2015, and 9-3-2015) reveals continued muscular tenderness over C7 (cervical 7), tightness of the right trapezial muscles, and discomfort into the right medial arm. There was painful cervical flexion of 40 degrees, extension of 30 degrees, and right or left rotation of 80 degrees, which was unchanged. Per the treating physician (9-9-2015 report): electromyography revealed changes at C6 (cervical 6) and C7 consistent with bilateral C6 and C7 radiculopathy. The MRI dated 1-25-2015 stated a chronic protrusion at C3-4 (cervical 3-4), a central disc protrusion at C4-5 (cervical 4-5) moderately indenting the thecal sac, and a broad based disc bulge or shallow protrusion at C5-6 moderately indenting the thecal sac. There was a minimal disc bulge at C6-7 and a right lateral disc protrusion at C7-T1 (cervical 7-thoracic 1). Treatment has included a cervical epidural steroid injection that caused increased pain and medications including Flector 1.3% patch, Gabapentin, and Tramadol Hcl. Per the treating physician (9-3-2015 report), the injured worker is temporary totally disabled. The requested treatments included 6 chiropractic treatments for the cervical spine. On 9-15-2015, the original utilization review non-certified a request for 6 chiropractic treatments for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Chiropractic treatments for the cervical spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 6 chiropractic visits for the cervical spine. The request for treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order for the patient to receive more treatment the doctor must document objective functional improvement from these 6 approved visits.