

<b>Case Number:</b>	CM15-0028226		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Utah, Arkansas  
 Certification(s)/Specialty: Family Practice

### 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 64 year old male, who sustained a work/ industrial injury on 8/6/14 due to repetitive motions. He has reported symptoms of neck pain rated 8/10 and back pain rated also at 8/10. Prior medical history was not documented. The diagnoses have included cervical and lumbar discopathy. Treatments to date included medications and physical therapy. Diagnostics included Magnetic Resonance Imaging (MRI) of the cervical spine that reported foraminal narrowing at multiple levels but no frank neural tissue impingement. Medications included Nalfon, Omeprazole, Ondansetron ODT, Cyclobenzaprine Hydrochloride, Tramadol, Lunesta, Tylenol #3, Cymbalta, Norco, and Methoderm gel. Examination on 12/2/14 reported cervical pain that radiated into the arms and lumbar pain that radiated into the legs. Cervical exam documented muscle tenderness and spasm, as well as positive Spurling's sign. Lumbar exam noted muscle tenderness and spasm, restricted range of motion, and positive seated nerve root test. On 1/14/15, Utilization Review modified a Chiropractic therapy sessions 2 times 4 to Chiropractic therapy 2 times 3 for the cervical and lumbar spine, noting the non-Medical treatment Utilization Schedule (MTUS) guidelines and noted the Official Disability Guidelines Neck and Upper back Manipulation. On 1/14/15, Utilization Review non-certified a Consult with pain management for CESI and LSEI, noting the MTUS, ACOEM Guidelines, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy sessions 2 times 4 for the cervical and lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper back Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page(s) 58-60.

**Decision rationale:** MTUS guidelines state the following: Manual Therapy and Manipulation recommendations. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended: Low back: Recommended as an option. According to the clinical documentation provided and current MTUS guidelines; Chiropractic manipulative treatment for the spine is recommended as an option. Chiropractic manipulative treatment is indicated as a medical necessity to the patient at this time.

**Consult with pain management for CESI and LSEI:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for pain management consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to the clinical documentation provided and current MTUS guidelines; pain management consultation is indicated as a medical necessity to the patient at this time.