

<b>Case Number:</b>	CM15-0033524		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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  
 Certification(s)/Specialty: Emergency Medicine

### 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 40-year-old female who reported an injury on 10/19/2012. The mechanism of injury was not stated. The current diagnoses include cervical sprain, spondylosis at C5-6, lumbar protrusion with radiculopathy, right knee pain, insomnia, and progressive neurological deficit. The injured worker presented on 02/09/2015 for a follow-up evaluation with complaints of 7/10 low back pain and 6/10 neck pain with left upper extremity symptoms. The injured worker was utilizing tramadol ER 300 mg and cyclobenzaprine 7.5 mg. Upon examination, there was tenderness over the cervical and lumbar spine with limited range of motion. Positive straight leg raise on the left was noted at 35 degrees. Positive straight leg raise was also noted on the right at 40 degrees. There was spasm in the cervical trapezius and lumbar paraspinal musculature. Diminished sensation in the right and left L5-S1 dermatomal distribution was also noted. Recommendations included continuation of a prior request for chiropractic treatment and physical therapy. The injured worker was also instructed to continue with TENS therapy and lumbar bracing. A Request for Authorization form was then submitted on 02/10/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits for lumbar spine #12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. As such, the request is not medically appropriate.

**Physical therapy for the cervical spine #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy for the cervical spine would exceed guideline recommendations. There was also no documentation of a significant functional improvement following the initial course of treatment. Given the above, the request is not medically appropriate.