

<b>Case Number:</b>	CM15-0049835		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 25 year old male, who sustained a work/industrial injury on 7/29/13. He has reported initial symptoms of bilateral wrist and hand pain with numbness and tingling, neck pain, and low back pain. The injured worker was diagnosed as having lumbar disc degeneration, chronic pain, lumbar facet arthropathy, lumbar radiculitis, and bilateral carpal tunnel syndrome. Treatments to date included medication, home exercise program, diagnostics, physical therapy, and orthopedic evaluation. Magnetic Resonance Imaging (MRI) of the lumbar spine on 11/5/13 reported disc degeneration at L5-S1 without focal protrusion. An associated grade 1 spondylolisthesis is present, disc degeneration with focal protrusion centered at L4-L5 in the region the right subarticular recess with probable right L5 nerve root sleeve, facet arthropathies from L2-3 through L5-S1. At L3-4 on the right, there is a 5 mm synovial cyst dorsally. Electromyogram/nerve conduction velocity (EMG/NCV) study from 4/14/14 report mild left carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory components and mild to moderate right carpal tunnel syndrome and evidence of mild acute L5 radiculopathy on the right and left. X-rays of left and right wrists were negative. X-rays of the lumbar spine reveal grade 1 anterolisthesis of L5-S1 with associated left pars defect, straightening of the lumbar lordosis with restricted range of motion on lumbar spine flexion and extension, and decreased disc height at L4-5 and L5-S1. Currently, the injured worker complains of back pain and spasms with numbness into the legs, and numbness and tingling in the bilateral hands and feet. The treating physician's report (PR-2) from 1/26/15 indicated per examination: modified Phalen's test, Phalen's test, Tinel, palmar and dorsal snuffbox tenderness was positive bilaterally. Sensory

evaluation noted decreased in the right dorsum of hand and left palm. There was positive paravertebral muscle spasm and spinous process tenderness bilaterally. Kemp's and Milgram's test was positive bilaterally. Deep tendon reflexes were positive. Sensation was decreased to the right dorsum of foot. Diagnosis was bilateral carpal tunnel syndrome and lumbar spine herniated nucleus pulposus. Treatment plan included 8 chiropractic visits over 4 week's lumbar spine and bilateral hands.

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

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

**8 chiropractic visits over 4 weeks lumbar spine and bilateral hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60 of 127.

**Decision rationale:** For the low back, MTUS recommends a trial of 6 sessions of chiropractic manipulation, with up to 18 visits over 6-8 weeks with documented evidence of objective functional improvement. No symptomatic or functional improvement is documented with previous trial of chiropractic treatment. Therefore, the request is not medically necessary.