

<b>Case Number:</b>	CM15-0050860		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 47 year old female who sustained an industrial injury on 7/10/14. She has reported another vehicle hitting the back end of her bus while working as a bus driver. The diagnoses have included lumbar strain/sprain, cervical sprain, low back pain and post traumatic hyperextension flexion injury. Treatment to date has included medications, chiropractic sessions, diagnostics, and acupuncture sessions. The Magnetic Resonance Imaging (MRI) of the cervical spine and lumbar spine was done on 9/15/14. Currently, as per the physician progress note dated 2/19/15, the injured worker complains of low back pain flare-ups and intermittent numbness in the lower extremities. The objective findings revealed limited and painful cervical spine range of motion, palpable tenderness in the cervico-thoracic musculature, positive Spurling's test and foraminal compression tests. There was limited and painful range of motion in the lumbosacral area and positive Milgram's and Kemp's tests were noted. Treatment plan was physical therapy x 12 sessions, MD management for prescription medications and chiropractic x 4 sessions. There was previous therapy sessions noted. The current medications were not listed. Work status was modified with restrictions. The physician requested treatment included 2 electrical stimulation therapy cervical for submitted diagnosis of cervical sprain unspecified if inpatient or outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 electrical stimulation therapy cervical for submitted diagnosis of cervical sprain unspecified if inpatient or outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-59.

**Decision rationale:** Per the guidelines, chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this injured worker, chiropractic care has already been used as a modality. The records do not indicate that the worker is not able to return to activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of an additional sessions of chiropractic therapy for 2 electrical stimulation therapy cervical for submitted diagnosis of cervical sprain unspecified if inpatient or outpatient. Therefore the request is not medically necessary.