

<b>Case Number:</b>	CM15-0053845		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 53-year-old male injured worker suffered an industrial injury on 03/19/2014. The diagnoses included thoracic pain, cervical pain, extremity pain and spasm of the muscle. The diagnostics included cervical and thoracic magnetic resonance imaging and x-rays of the cervical and thoracic spine. The injured worker had been treated with medications, chiropractic therapy and physical therapy. On 2/16/2015, the treating provider reported neck pain and mid back pain, that is 4/10 without medications. The cervical spine range of motion was restricted with tenderness noted to the cervical muscles. The thoracic muscles were tender. The treatment plan included Chiropractic and Bengay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Manipulation sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines.

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

**Decision rationale:** The patient is 53-year-old male with an injury on 03/19/2014. He was injured by lifting and pulling a hose. He has neck pain and upper back pain. He had treatment with medication, physical therapy and chiropractic manipulation. On 02/16/2015, he had neck pain and decreased cervical range of motion. He previously had chiropractic manipulation and continues to have symptoms. MTUS guidelines note that 4 to 6 visits of chiropractic therapy may be started but for more therapy, there must be objective documentation of improvement and functionality. The requested 12 chiropractic visits do not meet MTUS guidelines and are not medically necessary.

**1 prescription of Bengay ultra strength cream 4-30-10%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

**Decision rationale:** The patient is 53-year-old male with an injury on 03/19/2014. He has neck pain and upper back pain. He had treatment with medication, physical therapy and chiropractic manipulation. On 02/16/2015, he had neck pain and decreased cervical range of motion. MTUS, Chronic Pain guidelines for topical analgesics note that for compound medications, if one of the active ingredients is not recommended then the entire compound is not recommended. Bengay Ultra strength contains 4% camphor and 10% menthol. Both are not recommended. Thus, the requested compound medication is not recommended.