

<b>Case Number:</b>	CM14-0148541		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 62-year-old gentleman who was injured in work-related accident on January 24, 2012. The clinical progress report dated July 15, 2014 noted continued complaints of neck pain and upper extremity weakness and that the claimant had been treated in the emergency room recently due to pain. Objective findings on examination revealed that the claimant was wheelchair-bound, had restricted cervical range of motion, tenderness to palpation over the facet joints, 3+ strength in the upper extremities bilaterally in a diffuse fashion and diminished sensation in a C5-C7 dermatomal distribution. The report documented that the claimant had failed conservative care. The recommendation was for continuation of chiropractic measures and surgery for a cervical fusion and decompression; the specific levels of surgical process were not noted. The medical records for review did not include any imaging reports of the cervical spine. There was also no documentation of other forms of treatment, prior physical examination findings or subjective complaints. As of the last clinical assessment, the claimant was approved for psychiatric evaluation for his chronic pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic physical therapy 3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 8/4/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support the request for eighteen additional sessions of chiropractic care. The medical records document that the claimant has already undergone a significant course of chiropractic measures and there is no documentation of any benefit from the sessions as he continues to have pain complaints for which he is now wheelchair-bound. The Chronic Pain Guidelines recommend use of manual therapy to achieve positive symptomatic or objective measurable gains in functional improvement and that improvement should occur in four to six treatments. Without documentation of improvement from prior chiropractic care, the request for Chiropractic physical therapy 3 times a week for 6 weeks is not medically necessary and appropriate.

**Cervical fusion and decompression:** Upheld

**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 (updated 8/4/14)Indications for surgeryFusion, anterior cervical

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

**Decision rationale:** Based on California ACOEM Guidelines, the request for cervical decompression and fusion cannot be recommended as medically necessary. The medical records do not identify the level/s for the proposed fusion and this would be necessary prior to making a determination for the procedure. The medical records provided for review do not indicate any imaging reports for identification of compressive pathology that would warrant surgery. The ACOEM Guidelines do not recommend cervical fusion for patients with chronic cervical pain without evidence of instability. Therefore, without documentation of the requested level/s for surgery, it is not possible to clinically correlate the claimant's physical examination findings. Based on the ACOEM Guidelines, the lack of documentation of the level of surgery and absence of imaging available for review, the request for the cervical fusion and decompression for the claimant's cervical spine would not be supported as medically necessary.