

<b>Case Number:</b>	CM14-0214398		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Physical Medicine & Rehabn

### 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 patient is a 42 year old male with an injury date of 04/05/13. As per progress report dated 12/02/14, the patient complains of episodes of increased neck pain. Physical examination reveals tenderness to palpation in the cervical paraspinal muscles along with spasms. In progress report dated 11/04/14, the patient complains of neck and left shoulder pain rated at 6/10. As per progress report dated 10/28/14, the patient suffers from breathing difficulty due to pain along with a flare-up in neck and low back. Physical examination of the cervical spine reveals limited and painful range of motion with flexion at 55/65, 30/45 extension, 30/40 right lateral flexion, 35/40 left lateral flexion, 70/85 right rotation, and 60/85 left rotation. There is tenderness to palpation in the cervicothoracic paraspinal musculature, scalene and levator scapulae. Spurling's tests, foraminal compression test, and shoulder depression test are positive. The lumbar range of motion is limited and painful as well. The patient is using Fenoprofen for pain relief along with TENS patches, as per progress report dated 12/02/14. The patient has received CESI on 12/09/14, as per the operative report. Medications, as per progress report dated 11/13/14, also include Cyclobenzaprine and Tramadol. The patient has received six sessions of aquatic therapy with no benefit and 6 visits of acupuncture with some benefit, as per progress report dated 10/07/14. The patient has been allowed to return to modified work, as per progress report dated 12/02/14. MRI of the Cervical Spine, 10/14/14: Disc desiccation with small focal midline disc herniation at C6-7, Disc degeneration with moderate diffuse broad-based disc protrusion eccentric to right compromising right neuroforamen at C5-6, Small focal midline disc protrusion at C4-5 and C2-3, Mild disc bulging at C3-4 EMG, 09/13/13, as per progress report dated

11/13/14: Chronic left C5 and C6 radiculopathy Diagnoses, 11/13/14:Cervical radiculopathy with left upper extremity radiculitis , Cervicalgia. The utilization review determination being challenged is dated 12/13/14. Treatment reports were provided from 02/05/14 and 12/16/14.

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

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

**4 sessions of Chiropractic Manipulation to include manual therapy, therapeutic exercise and ultrasound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** The patient presents with episodes of increased neck pain, as per progress report dated 12/02/14. The request is for 4 Sessions of Chiropractic Manipulation to include manual therapy, therapeutic exercise and ultrasound. In progress report dated 11/04/14, the patient complains of neck and left shoulder pain rated at 6/10. As per progress report dated 10/28/14, the patient suffers from breathing difficulty due to pain along with a flare-up in neck and low back. MTUS guidelines, pages 58-59, allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the first request for chiropractic treatment is noted in progress report dated 08/12/14. As per progress report dated 07/07/14, the patient has received acupuncture treatment. In progress report dated 08/12/14, the provider states that. Patient notes past treatment has improved function. Request 6 chiropractic visits to reduce pain from his flare-up and 6 Acupuncture visits to assist in reduction of radiating pain and also need for medication. It is not clear if the improvement in function stated in the report is due to acupuncture or chiropractic treatment. In progress report dated 10/28/14, the provider again requests for 6 sessions of chiropractic treatment within 30 days to transition patient to HEP. While the progress reports do not clearly discuss prior chiropractic treatment, the UR letter states that “previous chiropractic care was prescribed and completed in August and October 2014 with no clear documented evidence of functional improvement resulting from the initial trial.” There is no evidence to dispute the UR contention. MTUS guidelines require clear documentation of functional improvement. Hence, this request is not medically necessary.