

<b>Case Number:</b>	CM15-0120786		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male who sustained a work related injury August 6, 2014. While lifting an estimated thousand pieces of luggage, he began to develop, neck pain, mid to low back pain, leg pain, and left hand pain. He was treated with 12 sessions of physical therapy, 12 sessions of chiropractic treatments, 6 acupuncture treatments, a back brace, left wrist brace, and underwent an MRI. A treating physician documents an MRI of the lumbar spine, dated January 8, 2015 (report present in the medical record) revealed evidence of disk collapse and degeneration L4-5 and L5-S1. AP and lateral radiographs of the lumbar spine with flexion and extension revealed a grade I spondylolisthesis at L4-5. According to a doctor's first report, dated May 8, 2015, the injured worker presented with complaints of neck pain radiating to the left upper extremity, mid to lower back pain and left hand numbness with tingling. The physical examination of the cervical spine revealed limited range of motion, sensation to pinprick and light touch in the left upper extremity is decreased along the C6-C7 dermatomal distribution and normal tone and reflexes. Diagnoses are lumbosacral musculoligamentous sprain/strain; cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis; left hand numbness and tingling. At issue, is the request for authorization for chiropractic treatment and an MRI, cervical. The current medication list was not specified in the records provided. The patient has had X-ray of the cervical spine on 8/14/14 that revealed degenerative changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2x4:** 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): 58-59.

**Decision rationale:** Request: Chiropractic treatment 2x4 Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." He was treated with 12 sessions of physical therapy, 12 sessions of chiropractic treatments, 6 acupuncture treatments for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The request for Chiropractic treatment 2x4 is not medically necessary for this patient.

**MRI cervical:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI).

**Decision rationale:** MRI cervical spine: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to

evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." While lifting an estimated thousand pieces of luggage, he began to develop, neck pain, mid to low back pain, leg pain, and left hand pain. According to a doctor's first report, dated May 8, 2015, the injured worker presented with complaints of neck pain radiating to the left upper extremity, mid to lower back pain and left hand numbness with tingling. The physical examination of the cervical spine revealed limited range of motion, sensation to pinprick and light touch in the left upper extremity is decreased along the C6-C7 dermatomal distribution and normal tone and reflexes. Diagnoses are lumbosacral musculoligamentous sprain/strain; cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis; left hand numbness and tingling. At issue, is the request for authorization for chiropractic treatment and an MRI, cervical. The patient has had X-ray of the cervical spine on 8/14/14 that revealed degenerative changes. The patient has symptoms and significant objective findings suggestive of possible cervical radiculopathy. A MRI of the cervical spine would aid in further management. The request for MRI cervical spine is medically appropriate and necessary for this patient at this time.