

<b>Case Number:</b>	CM13-0046734		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 57 year-old with a date of injury of 03/01/96. A progress report associated with the request for services, dated 10/03/13, identified subjective complaints of neck and low back pain with radiation into the arms and legs. Objective findings included tenderness to palpation of the neck and low back with decreased range-of-motion. There was decreased sensation in the right C6, C7, C8 and L4 dermatomes. Diagnoses included cervical and lumbar disc disease with radiculopathies. Treatment has included oral analgesics and 8 prior chiropractic sessions. A Utilization Review determination was rendered on 10/22/13 recommending non-certification of "#2 CHIROPRACTIC - TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR CERVICAL, THORACIC AND LUMBAR SPINES; ON-GOING CARE WITH ██████████ ██████████ FOR PAIN MANAGEMENT".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC - TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR CERVICAL, THORACIC AND LUMBAR SPINES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) LOW BACK; NECK, MANIPULATION.

**Decision rationale:** The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. They do not address chiropractic therapy of the neck specifically. The Official Disability Guidelines (ODG) notes that manipulation is recommended as an option for the neck. For regional neck pain, 9 visits over 8 weeks are recommended. For cervical strain, a trial of 6-10 visits over 2-4 weeks depending on the severity. For cervical radiculopathy, they recommend a trial of 6 visits over 2-3 weeks. In this case, the patient has had 8 prior chiropractic sessions. An additional 8 sessions are requested but without documentation of functional improvement to demonstrate medical necessity for 16 total sessions.

**ON-GOING CARE WITH [REDACTED] FOR PAIN MANAGEMENT:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, LOW BACK, OFFICE VISITS.

**Decision rationale:** The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. The Medical Treatment Utilization Schedule (MTUS) state that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. The non-certification for consultation was based upon lack of a specific documented reason. However, the claimant continues to have difficulty with pain control and therefore, as noted above, there is documented medical necessity for a consultation.