

<b>Case Number:</b>	CM13-0048512		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Hawaii. 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 physician 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 female patient was involved in a work-related injury on 5/22/07; she was moving boxes and suffered an injury to her neck, back, and left shoulder. She has been diagnosed with cervical disc displacement. The patient has been treated with chiropractic care in the past, which has been helpful for her. A recent examination indicates that the patient has painful decreased cervical ranges of motion, along with a positive foraminal compression orthopedic test. The patient's activities of daily living are affected by this chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment twice a week for five weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines states that medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy, although results are not necessarily any better than outcomes from other recommended treatments. If manipulation has not resulted in functional improvement in the first one or two weeks, it should

be stopped and the patient reevaluated. Additionally, the MTUS states that chiropractic is recommended for the low back. The initial trial should be a total of six visits over two weeks, and, with evidence of functional improvement, a total of 18 visits over 6-8 weeks may be recommended. For recurrences/flare-ups, the patient would need to be reevaluated. If return to work has been achieved, then 1-2 visits over 4-6 months may be recommended. The request for two sessions a week for five weeks is in excess of MTUS and ODG recommendations. As such, the request is not medically necessary.

**Physiotherapy twice a week for five weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS guidelines state that any physical therapy regimen should allow for the fading of treatment frequency from up to three visits per week to one or less, plus the addition of active self-directed home physical medicine. Additionally, the ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The Official Disability Guidelines state that 10 visits over 8 weeks may be recommended for lumbar sprains/strains, and 9 visits over 8 weeks may be recommended for unspecified backache/lumbago. The ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The ODG recommends that post-surgical thoracic/lumbar physical therapy can range from 16-30+ sessions over 8-16 weeks; however, there is no documentation to support that the patient is immediately post-surgical. The request for 10 physiotherapy sessions is in excess of the recommended six session trial. As such, the request is not medically necessary.