

<b>Case Number:</b>	CM13-0071098		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/07/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Chiropractic Medicine 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 patient is a 45 year old female who was injured on 09/07/2009 while she was attacked by a male handicapped patient from behind. Reportedly, she was struck by the patient's fist on her left shoulder, back and left jaw. She fell forward and twisted her left ankle and left knee. Prior treatment history has included 12 sessions of physical therapy. The patient was certified for 18 chiropractic treatments. PR-2 dated 07/10/2013 documented the patient's symptoms have not responded to care. Despite care, she remains symptomatic. The patient has been authorized for twelve chiropractic visits. I encouraged her to attend the visits. She is advised to continue ibuprofen and Flexeril as needed. PR-2 dated 10/30/2013 document the patient was last evaluated on 09/04/2013. Since that time, she underwent additional chiropractic therapy. She states that she goes approximately once a week which provides her 3-4 days of no pain. Without chiropractic care her pain is 8-9 out of 10. Treatment Recommendation Request: The patient underwent additional chiropractic therapy. She returns today stating that it provides her relief for three to four days after each visit, however, the symptoms always return. I request authorization for an additional 12 chiropractic therapy visits once a week for 12 weeks to address both the lumbar and cervical spine. PR-2 dated 01/22/2014 documented the patient reports constant pain in her neck. Her neck feels stiff and achy. Pain radiates into her trapezii and both shoulders. She complains of pain in her low back. She wears a lumbar corset throughout the day whenever she is working. She complains of severe pain in her right buttock and right hip. The right hip swells up and then the pain radiates into her right anterior thigh. She feels a pressure sensation in both knees, right greater than left. She complains of pain in both ankles as well as pain in her plantar heels bilaterally. She has frequent headaches and states she sleeps poorly due to the pain. Objective findings on examination of the lumbar spine reveal a normal gait. Lumbar range of motion is restricted in all planes with pain at the limits of her range. Motor and sensory function

of the lower extremities is intact. Examination of the cervical spine reveals range of motion moderately decreased with pain at the limits of her range. Motor and sensory function of the upper extremities intact. Diagnoses: 1. Cervical strain. 2. Lumbar strain. 3. Bilateral shoulder strain. 4. Chronic bilateral ankle sprain. 5. Possible bilateral plantar fasciitis. 6. Bilateral knee strain.

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

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

#### **CHIROPRACTIC ONE TIMES A WEEK TIMES SIX WEEKS LUMBAR SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION. Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION, Page(s): 58-59.

**Decision rationale:** According to the CA MTUS guidelines, an initial trial of 6 visits over 2 weeks for chiropractic care is recommended in cases of musculoskeletal injury, with evidence of objective functional improvement for total of 18 visits over 6-8 weeks. This patient's date of injury is recorded as 9/7/2009. The treating doctor noted in his PR2 on 01/22/2014 that the patient continues to have severe pain in her lower back, right buttock and right hip with edema. There is little or no documentation regarding the benefits of prior Chiropractic treatments given in terms of measurable improvements in functional capacity or what gain to the patient would occur with future treatment. The guidelines are very specific regarding measurable functional improvements needed with a goal of transitioning the patient to an HEP. Additional, the guidelines allow for a maximum of 18 treatments which the patient has already had. For the aforementioned reasons, according to the CA MTUS Guidelines, Chiropractic treatments 1x 6 weeks are not medically necessary.

#### **CHIROPRACTOR ONE TIMES A WEEK FOR SIX WEEKS CERVICAL SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION. Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION, Page(s): 58-59.

**Decision rationale:** According to the CA MTUS guidelines, an initial trial of 6 visits over 2 weeks for chiropractic care is recommended with evidence of objective functional improvement for total of 18 visits over 6-8 weeks. Date of injury was 09/07/2009. The patient subjective complaints included constant aching in her neck radiating into her trapezium and shoulder. The provider noted that the patient reported little to no subjective improvement to her neck nor was there any objective improvement in functional capacity documented. No clear goal as to what

functional improvement will occur with future treatment nor was there any documentation as to what measure functional improvements were derived by past treatments. This patient is far beyond the initial 6-8 weeks for treatment and has already received 18 treatments. Regarding Chiropractic treatment to the cervical spine 1x 6 weeks according to the CA MTUS Guidelines is non-certified.