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| Case Number: | CM14-0006464 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 01/18/2013 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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. The expert reviewer is licensed in Chiropractic Services 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 59-year-old female, born on 10/24/1954. She has a reported date of injury on 01/18/2013 when she fell on her left side on an uneven surface. On 01/24/2013, the patient presented for her 2nd PT treatment session for back pain complaints, with passive therapy modalities, therapeutic exercise, and therapeutic activity. The patient was seen in medical follow-up on 02/01/2013 relative to diagnoses of thoracic and lumbar strains, which had improved approximately 75% with physical therapy, and she was to return to the clinic as needed. The patient returned for medical care on 06/03/2013 relative to continued pain. She was diagnosed with thoracic spine pain and a physical therapy program was recommended due to limited range of motion, functional deficits and clinically relevant pain. The patient underwent thoracic spine MRI on 07/08/2013 with findings of multilevel thoracic spine degenerative changes; no disc herniation, spinal canal stenosis, neural foraminal narrowing, nerve root impingement, or spinal cord compression; C6-C7 degenerative disc disease, anterior wedging of T6 and T7, thoracic spine levoscoliosis centered at T5, and possible cyst or hemangioma at T2. The primary treating physician's initial evaluation report of 07/15/2013, reports on 01/18/2013 the patient was walking on an uneven concrete surface, she tripped and fell on her left side, and she was able to continue work with continuous pain. On 07/15/2013 the patient reported neck pain radiating down the right arm, right shoulder pain radiating to the lumbar region, upper back pain, stabbing in the low back, stabbing pain in the right hip and thigh, burning pain of the right forearm, headaches and difficulty sleeping. On 07/15/2013, cervical spine motion was full but painful, right shoulder tenderness and spasm, normal forearm ranges of motion; tenderness and spasm in the lumbosacral spine and decreased motion in flexion; and decreased thighs/hips range of motion, and the patient was diagnosed with cervicgia, pain in right upper arm, lumbago, and pain in pelvis-right thigh, and she was TTD 07/15/2013 through 08/30/2013. Bilateral hip MRIs

of 08/15/2013 were unremarkable. Cervical spine MRI on 08/15/2013 revealed disc bulges at C5-C6 and C6-C8. Right shoulder MRI of 08/16/2013 revealed full thickness tear of the supraspinatus tendon, supraspinatus and infraspinatus tendinitis, acromioclavicular osteoarthritis, and fluid present within the subacromial/subdeltoid bursa. Lumbar spine of 08/16/2013 revealed spondylotic changes, L4-L5 disc bulge, and L5-S1 Grade I anterolisthesis. The patient underwent lower extremity electrodiagnostic studies on 08/16/2013 with normal nerve conduction study and abnormal electromyography studies suggestive of right chronic active L5-S1 radiculopathy. Per re-examination on 10/21/2013 there was palpatory cervical tenderness and slightly decreased bilateral lateral flexion; shoulder tenderness and normal ranges of motion; lumbosacral tenderness and slightly decreased extension and bilateral lateral flexion, decreased sensation in upper and lower extremities, and DTRs 2+. The patient has been diagnosed with 719.42, 723.1, 724.2, 719.45, and there is a request for chiropractic care at a frequency of 2 times per week for 6 weeks.

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 SIX (6) WEEKS FOR CERVICAL, LUMBAR, AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: The request for 12 chiropractic treatment sessions is not supported to be medically necessary. The request for chiropractic care at a frequency of 2 times per week for 6 weeks exceeds MTUS recommendations in both frequency and duration. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. This patient has already been afforded an adequate trial of Physical Therapy (PT) without measured evidence of functional improvement with care rendered. The request for 12 chiropractic care treatment sessions exceeds MTUS (Chronic Pain Medical Treatment Guidelines) recommendations and is not supported to be medically necessary.