

<b>Case Number:</b>	CM14-0006893		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/18/2014

### 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, 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 33-year-old male, born on 01/28/1981. The patient experienced a work-related injury to his head, neck, upper back, midback, lower back, right leg, and right foot when on 03/01/2013 he fell from the third-floor of a house landing on his back and right leg. The patient presented for chiropractic care on 06/06/2013 but only a patient entry information record dated 06/06/2013 was provided. The patient underwent examination on 06/13/2013 relative to complaints of head, neck, accompanied by left arm pain and mid to low back pain accompanied by right leg pain without historical information noted. The 06/13/2013 exam record reports decreased lumbar spine ranges of motion (flexion 60, extension 15, lateral flexion 20, bilateral rotation 20) with pain, localized pain with Kemp's, straight leg raise (SLR) at 30° bilaterally, +3 hypertonic paraspinal muscles, +2 deep tendon reflexes (DTRs); decreased cervical ranges of motion (flexion 50, extension 45, lateral flexion 20, and rotation 70) with +2 hypertonic cervical muscles and normal normal sensory and DTRs. The patient was diagnosed with cervical sprain/strain and lumbar intervertebral disc syndrome. The report notes the patient had already completed a six (6) visit chiropractic treatment trial prior to the examination on 06/13/2013. As of 06/13/2013, the patient had already treated on three (3) occasions in the clinic where the examination was performed on 06/13/2013, and prior to that the patient had treated on three (3) occasions in another facility. There was a request for six (6) additional treatment sessions. The patient underwent chiropractic re-examination on 06/25/2013 with findings of decreased lumbar spine ranges of motion (flexion 65, extension 15, lateral flexion 20, bilateral rotation 20) with pain, localized pain with Kemp's, SLR at 30° bilaterally, +3 hypertonic paraspinal muscles, +2 DTRs; decreased cervical ranges of motion (flexion 50, extension 45, left lateral flexion 20, and rotation 70) with +2 hypertonic cervical muscles and normal normal sensory and DTRs. The patient was diagnosed with cervical sprain/strain and lumbar intervertebral disc syndrome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **SIX ADDITIONAL SESSIONS OF CHIROPRACTIC CARE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION, 58-59

**Decision rationale:** The MTUS Chronic Pain Guidelines supports a six (6)-visit trial of manual therapy and manipulation over two (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. By the time of the examination performed on 06/13/2013, the patient had already completed a six (6)-visit treatment trial, yet there was no documentation of functional improvement with care rendered. The guidelines allow a 6-visit treatment trial, which this patient had already been afforded prior to the examination on 06/13/2013, yet there was no evidence of functional improvement with care rendered; therefore, six (6) additional chiropractic treatment sessions are not medically necessary.