

Case Number:	CM14-0100062		
Date Assigned:	07/28/2014	Date of Injury:	12/28/1984
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 58-year-old male born on 11/09/1955. On 12/28/1984, while employed as a lineman for [REDACTED], as a pedestrian, he was struck by an automobile during the course of his employment. The patient has treated with chiropractic care over several years. A chiropractic report dated 03/08/1993 indicated the patient received treatment on an as needed basis. In a medical record dated 02/12/1997, the chiropractor noted the patient averages treating with chiropractic care 1-2 times per month. On 09/07/2012, the chiropractor requested 3 chiropractic/physiotherapy visits. On 11/21/2012, the chiropractor requested 3 chiropractic/physiotherapy visits. On 01/18/2013, the chiropractor requested 2 chiropractic/physiotherapy visits. On 02/26/2013, the chiropractor re-requested 2 chiropractic/physiotherapy visits. On 06/03/2013, the chiropractor reported treating the patient on an urgent basis and requested an additional 3 visits to return him to permanent and stationary status. On 07/17/2013, the chiropractor requested 2 additional chiropractic/physiotherapy. On 12/31/2013, the chiropractor requested 1 additional chiropractic/physiotherapy visit. On 02/22/2014, the chiropractor requested 3 chiropractic/physiotherapy visits. The chiropractor's PR-2 of 05/22/2014 (exam on 05/21/2014) reports the patient sustained a flare-up to his low back from performing exercise and stretching. He reported back is sore, muscles are painful and spasm. The examination of 05/21/2014 revealed cervical motions of left lateral flexion 40, right lateral flexion 35, flexion 15, extension 50, and bilateral rotation 65; - Kemp's, spasm in right trapezius and quadratus lumborum bilaterally, lumbar flexion 15, extension 15, and bilateral lateral flexion 15; and joint dysfunction at sacrum, L5, L4, T9, T4, C6, and C2. Diagnoses were reported as cervical strain/sprain, thoracic strain, lumbar IVD without myelopathy, and lumbar strain. There was a request for 4 chiropractic/physiotherapy treatments. The chiropractor's PR-2 of 07/02/2014 reports the patient felt left side low back pain while swimming that morning. The

examination on 07/02/2014 revealed cervical right lateral flexion 40, left lateral flexion 40, flexion 50, extension 50, right rotation 70, and left rotation 65; -SLR, - Kemp's, moderate-severe muscle spasm in the right quadratus lumborum, lumbar flexion 10, extension 10, right lateral flexion 5, and left lateral flexion 15, - heel/toe walk, joint dysfunction at sacrum, L5, L4, T9, T4, C6, and C2; upper and lower extremity DTRs to plus, upper extremity motor strength 5/5, 4/5 motor strength in the right psoas, and no change to pinwheel in upper and lower extremities. Diagnoses were noted as cervical strain/sprain, thoracic strain, lumbar IVD syndrome without myelopathy, and lumbar strain. The chiropractor requested 2 chiropractic/physiotherapy treatments to return him to permanent and stationary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physiotherapy x4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: The request for 4 chiropractic treatment visits is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions; therefore, both MTUS and ODG will be referenced. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back 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. Because MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions, ODG is the reference source for such. ODG Treatment, Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines: In the treatment of neck pain and cervical strain, ODG supports a 6-visit trial of care over 2-3 weeks, with consideration for additional treatment sessions (a total of up to 18 visits over 6-8 weeks, avoid chronicity) based upon evidence of objective functional improvement with care rendered during the treatment trial. This patient has been treating with chiropractic care since at least 03/08/1993. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 4 chiropractic treatment visits exceeds MTUS and ODG recommendations and is not supported to be medically necessary.

