

<b>Case Number:</b>	CM14-0017381		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	11/09/2009
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Board Certified in Chiropractic Care and is licensed to practice in District of Columbia and Texas. 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 injured worker is a 41-year-old female who reported an injury on 11/09/2009. The mechanism of injury was cumulative trauma. The documentation of 01/09/2014 revealed the injured worker's pain level improved greatly; now intermittent and mild to moderate pain in the thoracic spine of 4/10. The injured worker had a positive cervical distraction test. The diagnoses included pain in the thoracic spine, myalgia and myositis, and thoracic segmental dysfunction. The treatment plan included chiropractic manipulation, physical therapy, traction, home electrical stimulation, home exercise, ultrasound, myofascial release, neuromuscular re-education for 4 times a week for 4 weeks, then 3 times a week for 4 weeks, then 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT 4 X A WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-59.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by a musculoskeletal condition. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker failed to have musculoskeletal conditions that would support the necessity for chiropractic treatment. There was lack of documentation of prior chiropractic treatments and objective functional benefit. The physician documentation indicated the treatment was for the cervical spine. However, the request as submitted failed to include the body part to be treated. The request for 16 visits would be excessive. Given the above, the request for chiropractic treatment 4 times a week for 4 weeks is not medically necessary.

**CHIROPRACTIC TREATMENT 3 X A WEEK FOR 4 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-59.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by a musculoskeletal condition. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker failed to have musculoskeletal conditions that would support the necessity for chiropractic treatment. There was lack of documentation of prior chiropractic treatments and objective functional benefit. The physician documentation indicated the treatment was for the cervical spine. However, the request as submitted failed to include the body part to be treated. The request for 12 visits would be excessive. Given the above, the request for chiropractic treatment 3 times a week for 4 weeks is not medically necessary.

**CHIROPRACTIC TREATMENT 2 X A WEEK FOR 4 WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-59.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by a musculoskeletal condition. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker failed to have musculoskeletal conditions that would support the necessity for chiropractic treatment. There was lack of documentation of prior chiropractic treatments and objective functional benefit. The physician documentation indicated the treatment was for the cervical spine. However, the request as submitted failed to include the body part to be treated. Given the above, the request for chiropractic treatment 2 times a week for 4 weeks is not medically necessary.