

<b>Case Number:</b>	CM14-0128217		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 injured worker is a 35 year-old male with a reported date of injury on 02/06/2014. The patient presented for medical care on 02/19/2014 with complaints of neck pain, back pain, bilateral upper extremity pain, chest pain, psychiatric complaints, and sleeping problems. Cervical spine tenderness to palpation, spasms, decreased ROM, and positive compression test. Thoracic spine tenderness to palpation, spasm, and decreased ROM. Lumbar spine tenderness to palpation, spasm, decreased ROM, and positive SLR (right 45). Bilateral shoulders tender to palpation anteriorly. Bilateral elbows tender to palpation anteriorly. Bilateral wrists tenderness to palpation dorsal aspect, and positive Tinel's test bilaterally. Decreased motor strength bilateral upper extremity at 4/5, decreased sensation right anterolateral shoulder/arm and right upper extremity median nerve distribution. Decreased motor strength right lower extremity at 4/5 and decreased sensation right anterior knee/medial leg. The patient was diagnosed with 847.0, 723.4, V71.9, 723.8, 847.1, 847.2, 724.4, 959.11, 840.9, 726.2, 841.9, 842.0, V 71.9, 354.0, 338.4, 309.1, and 780.5. A recommendation for PT at a frequency of 2 times per week for 6 weeks was noted. The patient presented for chiropractic care on 03/12/2014. Cervical ranges of motion were noted as flexion 35, extension 30, bilateral lateral flexion 25, and bilateral rotation 35. Lumbar range of motion noted as flexion 40, extension 10, and bilateral lateral bending 15. Diagnoses were noted as cervical spine and lumbar spine sprain/strain. The chiropractor recommended a treatment plan of 2 visits per week for 6 weeks. In medical follow-up on 04/16/2014 the patient complained of pain in the lower back, neck, mid/upper back, bilateral shoulder/arms, and bilateral wrists/hands. The provider recommended the patient continue chiropractic care to the cervical spine, thoracic spine, lumbar spine, and bilateral upper extremities at a frequency of 2 times per week for 6 weeks. The patient underwent chiropractic re-examination on 05/08/2014 with cervical spine ranges of motion noted as flexion 35, extension 35, right lateral flexion 25,

left lateral flexion 25, right rotation 40 and left rotation 30. Lumbar spine ranges of motion were noted as flexion 45, extension 15, and bilateral lateral flexion 20. The chiropractor recommended a treatment plan of 2 visits per week for 6 weeks. On 05/28/2014, the medical provider recommended continuation of chiropractic care at a frequency of 1 time per week for 6 weeks. In chiropractic re-examination 06/26/2014 cervical flexion was reported 50, extension 40, right lateral flexion 35, left lateral flexion 40, right rotation 65 and left rotation 60. Lumbar flexion was 45, extension was 5, left lateral flexion was 20 and right lateral flexion 15. The chiropractor recommended a treatment plan of 1 visit per week for 6 weeks. In medical follow-up on 07/09/2014, the provider recommended continued 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:

**Cervical spine chiropractic manipulation 2 times a week for 6 weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

**Decision rationale:** MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ODG will be referenced regarding the request for chiropractic treatments to the cervical spine. 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. The patient has treated with chiropractic care on an unreported number of treatment sessions. The submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered, does not provide evidence of an acute flare-up, does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 12 sessions of chiropractic care to the cervical spine exceeds ODG recommendations and is not supported to be medically necessary.

**Thoracic spine chiropractic manipulation 2 times a week for 6 weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

**Decision rationale:** The request for 12 sessions of chiropractic care for the thoracic spine is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of thoracic conditions; therefore, ODG will be referenced regarding the request for chiropractic treatments to the thoracic spine. 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. The patient has treated with chiropractic care on an unreported number of treatment sessions. The submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered, does not provide evidence of an acute flare-up, does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 12 sessions of chiropractic care to the thoracic spine exceeds ODG recommendations and is not supported to be medically necessary.

**Lumbar spine chiropractic manipulation 2 times a week for 6 weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 568-59.

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

**Decision rationale:** The request for 12 chiropractic visits for the lumbar spine is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks 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. The patient has treated with chiropractic care on an unreported number of treatment sessions. There is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported. The request for 12 chiropractic visits for the lumbar spine exceeds MTUS recommendations and is not supported to be medically necessary.

**Bilateral upper extremity chiropractic manipulation 2 times a week for 6 weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 07/29/2014.

**Decision rationale:** The request for 12 sessions of chiropractic care for the upper extremities is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) does not support medical necessity for chiropractic care of upper extremity complaints. MTUS reports manual therapy and manipulation are not recommended in the care of the forearm, wrist and hand complaints, or carpal tunnel syndrome. MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, ODG will be referenced regarding the request for chiropractic treatments to include the shoulder. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. The patient has treated with chiropractic care on an unreported number of treatment sessions. 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 12 sessions of chiropractic care for the upper extremities exceeds ODG recommendations and is not supported to be medically necessary.