

Case Number:	CM14-0136819		
Date Assigned:	09/03/2014	Date of Injury:	04/10/2007
Decision Date:	10/08/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 53-year-old male reported injured on 04/10/2007. On 02/28/2014, he returned for follow-up medical care of ongoing back, left leg, neck and left arm pain. He rated low back pain 9-10/10 and neck pain 5-8/10. By examination there was no acute distress, gait was mildly antalgic, TTP of the cervical and thoracic spines with spasms, limited ROM of the cervical and lumbar spines, decreased sensation L4 and L5 dermatomes on left and decreased C6 and C7 dermatomes on left; tibialis anterior EHL, inversion, eversion and plantar flexors 4/5 on left; deltoid, biceps, internal rotators, external rotators and triceps 4+/5 on left; left straight leg raise 40 with radiation of pain to left foot, and positive left-sided slump test. The patient was diagnosed with HNPs of the lumbar spine, multilevel with severe stenosis, lumbar facet arthropathy, lumbar radiculopathy, cervical DDD, and severe cervical stenosis at C3-4 and C4-5 with contact and distortion of the spinal cord. Chiropractic care at a frequency of 2 times per week for 3 weeks for the neck and back was recommended. In medical follow-up on 04/11/2014, the patient's subjective, objectives and diagnoses were essentially unchanged from those reported on 02/28/2014. In medical follow-up on 5/23/2014, the patient's subjective, objectives and diagnoses were essentially unchanged from those reported on 02/28/2014 and 04/11/2014, and there was a request for chiropractic care at a frequency of 2 times per week for 6 weeks. On 07/11/2014, he returned for follow-up medical care of ongoing back, left leg, neck and left arm pain. Since his prior visit, his symptoms had remained unchanged. He rated low back pain radiating to the ankle at 9-10/10, and neck pain 5-7/10. By examination there was no acute distress, gait was mildly antalgic, TTP of the cervical and lumbar spines with spasms, limited ROM of the cervical and lumbar spines, decreased sensation L4 and L5 dermatomes on left and decreased C6 and C7 dermatomes on left; tibialis anterior EHL, inversion, eversion and plantar flexors 4/5 on left; deltoid, biceps, internal rotators, external rotators and triceps 4+/5 on left; left

straight leg raise at 40 with radiation of pain to left foot, and positive left sided slump test. Throughout this patient's continued care from 02/82/2014 through 07/11/2014, the reported subjective, objectives, diagnoses and treatments have remained essentially unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic rehabilitation care two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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 and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

Decision rationale: MTUS supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain 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. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, MTUS guidelines are not applicable in this case relative to the request for chiropractic care of cervical complaints. Because MTUS does not specifically address the cervical spinal region, ODG is also the reference source. 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 treated with an unreported amount of chiropractic care. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for additional chiropractic treatment sessions to the cervical and lumbar spinal regions at a frequency of 2 times per week for 3 weeks exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.