

Case Number:	CM14-0154040		
Date Assigned:	09/23/2014	Date of Injury:	06/20/2013
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/20/2014

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 32-year-old female born on [REDACTED]. On 06/20/2013, the patient was working is an aesthetician and while performing a massage on a client she felt a pop and heat in her lower back. The chiropractor's first report of injury dated 08/29/2013, reported patient complaints of lower back pain going to the left leg, neck and upper back pain going to both hands with numbness increased on the left, and headaches. Lumbar physical examination revealed ROM restricted 70% to 80%, and cervical physical examination revealed ROM restricted 40% to 50%. Lasegue test created lower back pain at 40 on the left 45 on the right. Bragard test was questionable, and Kemp and leg raising and lowering tests created lower back pain, or on the left. Cervical compression, Soto-Hall, and shoulder depression tests created neck and upper back pain. The patient is right hand dominant and grip strength was noted as 20 pounds bilaterally on the 1st, 2nd and 3rd attempts. The report notes, "There is 1+ in the upper extremities and absent in the lower extremities." Decreased sensation to pinwheel was noted in the left upper and lower extremities. The patient was not able to heel and toe walk, and muscle weakness was noted bilaterally in the upper and lower extremities. The chiropractor diagnosed lumbar disc syndrome, cervical disc syndrome, radicular neuralgia, headaches, cervical sprain/strain, lumbar sprain/strain; cervical, thoracic, and lumbar spine segmental dysfunction; and the patient was under stress. The chiropractor requested authorization for the evaluation and treatment on 08/29/2014 and additional 6-8 visits. On follow-up on 09/10/2013, the chiropractor reported the patient had treated with chiropractic care on 3 occasions from 08/29/2013 through 09/10/2013 with reported improvement in her symptoms overall. Complaints of lower back pain going to the left leg, neck and upper back pain going to both hands with numbness increased on the left, and headaches were noted. Lumbar physical examination revealed ROM restricted 60%, and cervical physical examination revealed ROM restricted 30%-40%. Lasegue test created lower back pain

at 50 on the left and 55 on the right. The chiropractor requested authorization for additional 4-6 visits. On 10/08/2013, 11/05/2013 and 11/23/2013, the chiropractor reported, "I do believe she would improve further with more conservative treatments."

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (unspecified body parts for unspecified frequency and duration):
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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, updated 08/22/2014; Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines, updated 08/04/2014.

Decision rationale: The chiropractic treatment/service requested is not supported to be medically necessary. Based on the patient complaints and reported diagnoses, the treatments in question involve the cervical and lumbar spinal regions. The patient experienced an industrial injury on 06/20/2013 and presented for chiropractic care on 08/29/2013. The patient's conditions were acute and MTUS (Chronic Pain Medical Treatment Guidelines) is not applicable; therefore, Official Disability Guidelines (ODG) was the reference for this review. Regarding chiropractic care of neck and upper back complaints, ODG reports manipulation is recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. In treatment of cervical and upper back complaints, ODG supports a trial of up to 6 chiropractic visits over 2-3 weeks with consideration for additional care based on evidence of objective functional improvement with care rendered during the treatment trial. Regarding chiropractic care of lower back complaints, ODG reports manipulation is recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. In treatment of lower back complaints, ODG supports a trial of up to 6 chiropractic visits over 2 weeks with consideration for additional care based on evidence of objective functional improvement with care rendered during the treatment trial. The request for authorization of treatment on 08/29/2013 and an additional 6-8 visits (a total of 7-9 visits) exceeds ODG recommendations of up to 6 chiropractic visits over 2-3 weeks. Additionally, the submitted documentation does not provide evidence of objective functional improvement with a trial of up to 6 visits over 2-3 weeks, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported. The requested chiropractic treatment sessions exceeds ODG recommendations therefore, the request is not medically necessary.

