

<b>Case Number:</b>	CM14-0033599		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/27/1999
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Physical medicine and Rehabilitation and is licensed to practice in 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 patient is a 36-year-old female who was injured on 10/27/1999. According to the request for authorization form dated 1/29/2014, the patient's diagnoses are a cervical sprain, a thoracic sprain, a lumbar sprain, headaches and radiating pain to the left leg. The requested treatment procedure is an office evaluation & management, spinal manipulation 3-4, myofascial release, sine wave, and traction, at frequency 2 x months for next 4 months. According to the progress report dated 1/13/2014, the patient presents for follow up regarding complaints pertaining to slight/moderate neck and back pain, slight headache, and slight pain in the arms and into the legs. On examination, paraspinal muscles along the cervicothoracic/lumbosacral areas are spastic and painful. The lumbar range of motion is 20-25% restricted, especially on and off the table. According to the progress report dated 12/16/2013, the patient presented for follow up with continued complaints of frequent/slight; occasional/moderate spinal related pain and myospasms in her cervicothoracic/lumbosacral spinal areas. The physical examination findings are reported as palpable swelling/tenderness of the cervicothoracic and lumbar spines and paravertebral spasms of the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Office Visit to the neck and back, as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM, Low Back Table 2,

Summary of Low Back Disorders, <https://www.acoempracguides.org/> and Cervical and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders, <https://www.acoempracguides.org/>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS guidelines state chiropractic manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Chiropractic care is recommended as an option for the spine; however, elective/maintenance care is not medically necessary. For recurrences/flare-ups, need to reevaluate treatment success, if return to work achieved then 1-2 visits every 4-6 months is recommended. Regarding office visits, the Official Disability Guidelines state they are recommended if determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this case, the provider is requesting office visit to evaluate the neck and lumbar for a patient with an industrial injury that dates back more than 14 years ago. The guidelines do not support maintenance/elective care protocol. The records indicate the patient has presented on monthly basis for chiropractic treatment. However, in the absence of clear evidence of the patient presenting with a new complaint or recurrence/flare-up unresponsive to self-care measures, clear evidence of functional benefit with prior chiropractic, the medical necessity of the request for office visit is not established.