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| <b>Case Number:</b>   | CM14-0035614 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 12/13/2009 |
| <b>Decision Date:</b> | 08/20/2014   | <b>UR Denial Date:</b>       | 02/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2014 |

### 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 74-year-old female. She has a date of injury noted as 12/13/2009, but biomechanical history of an injury was not provided for this review. The chiropractor's report of 08/22/2013 notes the patient had treated at his office since 10/04/2010 and continued to experience gradual flare-ups which resulted in continued request for treatment. On 08/22/2013, the patient reported neck pain rated 3-4/10 and lumbar pain rated 4/10. Diagnoses were noted as chronic cervical/brachial syndrome, late effects of cervical and lumbar sprain/strain, lumbar radiculitis, chronic mild fasciitis, and cervical disc derangement. The chiropractor recommended 5 further treatments over the next 2-3 months. The chiropractor's report of 10/03/2013 notes patient complaints of neck and lumbar pain rated 3/10. Diagnoses were unchanged from those reported on 08/22/2013, and the chiropractor requested approval for 4 additional treatment sessions over the next 2 months. The chiropractor's report of 01/20/2014 notes the patient continued to return for treatment of flare-ups typically of gradual onset. She reported complaints of neck pain rated 4/10 and lumbar pain rated 5/10. Diagnoses remained unchanged and the chiropractor recommended an additional 6 treatments over the next 90 days. The submitted chart notes indicate the patient treated with chiropractic care on 13 occasions from 07/14/2013 through 01/10/2014, treating on a monthly basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulative therapy x 7 cervical and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50, 58.

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

**Decision rationale:** The request for 7 additional chiropractic treatment visits 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 but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical or thoracic conditions; therefore, both MTUS and ODG will be referenced. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits 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. Because MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions, ODG is the reference source for such. 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 had treated at the chiropractor's office since 10/04/2010. The submitted chart notes indicate the patient treated with chiropractic care on 13 occasions from 07/14/2013 through 01/10/2013, treating on a monthly basis. 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 7 additional chiropractic treatment visits exceeds MTUS and ODG recommendations and is not supported to be medically necessary.