

<b>Case Number:</b>	CM14-0035663		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/10/2014
<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 Board Certified in Chiropractic Medicine, 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 52-year-old who was injured on May 14, 2012 when her car became struck by a gait. Prior treatment history has included trigger point injection, chiropractic treatment, epidural steroid injection, and physical therapy. Prior medication history included Benzapril carbonate, magnesium, aspirin, and calcium in addition to Morphine. Diagnostic studies reviewed include EMG (electromyogram)/NCV (nerve conduction velocity) test of the bilateral upper extremities dated October 15, 2013 revealed a normal study. MRI of the lumbar spine without contrast performed on October 18, 2013 revealed multilevel lumbar spondylosis as detailed in the above report. MRI of the cervical spine on October 18, 2013 revealed left thyroid mass measuring 16x24 mm in size, possibly a cyst and multilevel cervical spondylosis. Pain management report dated March 4, 2014 indicates the patient presented with pain the low back which she reports has decreased to 6/10 and upper back pain which has decreased as 5/10. On exam, there is tenderness to palpation over the right lumbar facets, left lumbar facets with right thoracolumbar spasm. Straight leg raise is positive. Lateral flexion on the right is 20; lateral flexion on the left is 20; flexion is 45; and extension is 20. Diagnoses are lumbosacral neuritis, cervicgia, and lumbosacral disc degeneration. The plan is continue with medication and physical therapy/chiropractic treatment x10. Prior utilization review dated March 7, 2014 states the request for Chiropractic care x 10 for the cervical and lumbar spine is not authorized as the patient has received twelve treatments with no evidence of significant improvement. Her pain level remained 6/10 over the course of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care x 10 for the cervical and lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back & Neck chapters, Manipulation.

**Decision rationale:** The request is for Chiropractic care for 10 visits for the cervical and lumbar spine. This patient is clearly at a chronic, her case has been declared permanent and stationary and future medical care has been outlined. In [REDACTED] AME report dated February 12, 2014 under Need For Further Medical Care he outlines chiropractic treatment as follows: "For the patient's neck and back, further medical care is indicated on an as needed basis with anti-inflammatory medications, muscle relaxants, analgesics, and short term courses of therapy. The therapy can be in the form of physical therapy, chiropractic care, and acupuncture. The therapy should be provided in accordance with the Medical Treatment Utilizations Schedule which includes the ACOEM guidelines, second edition." Skipping forward to the chiropractic section he continues: "The Guidelines also provide for chiropractic manipulation for spinal early in care only. The guidelines do not discuss the frequency or duration of the chiropractic manipulation. I recommend that the frequency of this chiropractic manipulation not exceed three times a week for the four week period of time." The ODG Guidelines for Chiropractic Treatment recommend the following: -Low back : Recommended as an option. Therapeutic care - Trial of six visits over two weeks, with evidence of objective functional improvement, total of up to eighteen visits over six to eight weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW (return to work) achieved then one to two visits every four to six months. Time to produce effect four to six treatments. Frequency: one to two times per week as indicated by the severity of the condition. Treatment may continue at one treatment per week for the next 6 weeks. Maximum duration: eight weeks. At week eight, patients should be reevaluated. Care beyond eight weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at one treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered 'maximum' may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond four to six visits should be documented with objective improvement in function. The requested care doesn't conform to chiropractic treatment guidelines. Additionally there is little evidence to objective functional improvement. The request for ten sessions of chiropractic care for the cervical and lumbar spine is not medically necessary or appropriate.