

<b>Case Number:</b>	CM14-0044832		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 a Licensed Chiropractor 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 50-year-old male born on 01/16/1964. On 09/24/2012, the patient was cleaning a metal screen and later that day shoveling, and he felt intense pain in his right wrist. The patient was seen in Physical Medicine and Rehabilitation Consultation on 07/09/2013 with neck, low back, upper extremity and lower extremity complaints. Following examination on 07/09/2013 the patient was diagnosed with possible right upper extremity CRPS, chronic pain syndrome, status post right elbow surgery, status post right wrist surgery, and status post right third phalanges surgery times two. Electrodiagnostic studies were performed on 07/16/2013 revealing evidence of right peroneal sensory neuropathy and no electrodiagnostic evidence of focal nerve entrapment in the upper limbs, cervical radiculopathy, lumbar radiculopathy or generalized peripheral neuropathy affecting the upper or lower limbs. The patient was seen in medical follow-up on 09/03/2013 with neck and mid back complaints rated 8-9/10. Following examination the patient was diagnosed with possible right upper extremity CRPS, chronic pain syndrome, status post right elbow surgery, status post right wrist surgery, and status post right third phalanges surgery times two. The thoracic spine MRI of 10/02/2013 revealed degenerative disc disease with minimal chronic superior endplate compression, T3 and T4, and T8-9 focal protrusion but without evidence of canal stenosis or neural foraminal narrowing at any level. The lumbar spine MRI of 10/02/2013 revealed mild degenerative disc disease and facet arthropathy with L4-5 mild-to-moderate left and L5-S1 moderate left neural foraminal narrowing with annular fissuring noted, and L5-S1 caudal right neural foraminal narrowing. The patient underwent Functional Capacity Evaluation on 10/23/2013, and restrictions of no lifting, bending, squatting, overhead reaching or shoulder lifting were recommended. The patient underwent chiropractic evaluation on 12/04/2013, and he reported neck and low back pain 9/10. By examination on 12/04/2013, the patient exhibited restricted range of motion in his cervical,

thoracic and lumbar spines in all planes of motion, sensation was intact in upper extremities and decreased sensation at L4 bilaterally, he was unable to perform muscle testing in the upper extremities limited by pain and lower extremity motor strength was 3/5 bilaterally; positive findings were noted on cervical compression, cervical decompression, shoulder depression, Jackson's and Spurling's; heel/toe walk negative, positive findings noted for straight leg raise, Braggard's Yeoman's, Nachlas and Eli's; and patient unable to perform Faber's due to pain. The patient was diagnosed with cervical spine DDD and facet arthropathy, cervical radiculopathy, cervical spine HNP, thoracic spine DDD, lumbar spine DDD and facet arthropathy, lumbar spine HNP, and lumbar radiculopathy. The chiropractor recommended chiropractic treatment 2 times a week for 6 weeks to the cervical and lumbar spines. The patient returned for chiropractic evaluation on 02/10/2014 with complaints of cervical and lumbar spine pain 9/10, and the chiropractor recommended the patient continue chiropractic treatment 2 times per week for 4 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chiropractic physiotherapy twice a week for four weeks to the lumbar and cervical spine:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Treatment Parameters from State Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 56-60.

**Decision rationale:** The MTUS (Medical Treatment Utilization Guidelines) supports up to 6 visits during a 2-week trial of manual therapy and manipulation, with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. 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. In this case, there is no evidence of measured objective functional improvement with past chiropractic care rendered; there is no evidence of an acute flare-up or new condition, and no elective/maintenance care. Additionally, the request for chiropractic physiotherapy treatment sessions at a frequency of 2 times per week for 4 weeks exceeds guidelines recommendations. Therefore, the request for chiropractic physiotherapy twice a week for four weeks to the lumbar and cervical spine is not medically necessary and appropriate. **IN THIS CASE, THERE IS NO EVIDENCE OF MEASURED OBJECTIVE FUNCTIONAL IMPROVEMENT WITH PAST CHIROPRACTIC CARE RENDERED, THERE IS NO EVIDENCE OF AN ACUTE FLARE-UP OR NEW CONDITION, AND ELECTIVE/MAINTENANCE CARE IS NOT MEDICALLY NECESSARY; THEREFORE, THE REQUEST FOR CHIROPRACTIC PHYSIOTHERAPY TREATMENT SESSIONS AT A FREQUENCY OF 2 TIMES PER WEEK FOR 4 WEEKS EXCEEDS GUIDELINES RECOMMENDATIONS AND IS NOT SUPPORTED TO BE MEDICALLY NECESSARY.**