

<b>Case Number:</b>	CM14-0054536		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 66-year-old male born on 07/15/1948. The chiropractor's 12/20/2013 First Report of Occupational Injury or Illness reports the injury on 10/29/2012 as, "Patient states he has injured herself while lifting a wheelchair person while at work." On 12/20/2013 the patient reported complaints of headaches, neck pain, left shoulder pain, mid back pain, lower back pain, and bilateral numbness tingling. Objectives were noted as loss of motion with pain, + sensory loss C5-C6, + ortho testing, + trigger points, muscle spasms, trap and mid back. Diagnoses were noted as cervical, thoracic and lumbar sprain/strain. Twelve sessions of care as PTP were recommended. The 01/13/2014 PR-2 reports increased neck and back pain with numbness/tingling, and objectives and diagnoses were essentially unchanged. Treatment recommended included 6 sessions with PTP. The 01/22/2014 PR-2 reports the patient continued to work with a great deal of pain in his neck, left shoulder and lower back, and objectives and diagnoses were essentially unchanged. The 03/17/2014 PR-2 reports the patient needed additional treatment, objectives and diagnoses were essentially unchanged, recommended treatment included therapeutic care up to 18 visits with a trial of 8 visits, and the patient was certified 4 treatments beginning 03/17/2014. The 05/02/2014 and 05/23/2014 PR-2s report the objectives and diagnoses were essentially unchanged. The 06/04/2014 PR-2 notes severe lower back pain radiating to bilateral lower extremities and patient could not work the prior 2 days, the objectives and diagnoses were essentially unchanged, and the patient was returned to work 06/04/2014. The 06/27/2014 PR-2 reports the objectives and diagnoses were essentially unchanged. The 07/18/2014 PR-2 reports the patient continued to work causing pain in his neck, back and extremities, the objectives and diagnoses were essentially unchanged, and there was a request for 6 sessions of treatment with PTP. The 07/22/2014 PR-2 reports the patient presented after leaving work early due to severe pain and not feeling right, and the patient was transferred by

ambulance to ER. The 08/22/2014 PR-2 reports the patient had another episode of waking up not knowing where he was, and he had been seen in ER. On 08/22/2014 the objectives and diagnoses were essentially unchanged. The 10/17/2014 PR-2 reports the patient was driving at work which caused increased neck, lower back, mid back and lower/upper extremity pain; the objectives and diagnoses were essentially unchanged, and there was a request for 12 chiropractic treatment sessions. The patient was authorized 4 treatments from 10/17/2014 to 11/28/2014. Under review is the request for 8 chiropractic treatment sessions for the cervical and lumbar spines.

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

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

**Chiropractic treatment x8 visits, cervical/lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 106,111, and 115, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

**Decision rationale:** The request for 8 chiropractic treatment sessions to the cervical and lumbar spinal regions is not supported to be medically necessary. MTUS (Medical Treatment Utilization 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 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. MTUS (Chronic Pain Medical Treatment Guidelines) reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, MTUS guidelines are not applicable in this case regarding the request for chiropractic care of the cervical spine. Because MTUS is not applicable regarding cervical complaints, ODG is also a reference source for this review. 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 has been treating with chiropractic care since 12/20/2013. The patient has completed an unknown total number of chiropractic visits. Numerous visits have been requested and submitted documentation reports the patient was certified 4 treatment sessions beginning 03/17/2014, and following the recent request on 10/17/2014 for 12 visits, he was authorized 4 treatments from 10/17/2014 to 11/28/2014. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered during the treatment trial or success with subsequent care, does not provide evidence of acute exacerbation, does not provide evidence of a new condition, and elective/maintenance care is not supported. MTUS allows 1-2 visits every 4-

6 months in treatment of recurrences/flare-ups if there was prior treatment success. The submitted documentation does not provide evidence of a recurrence/flare-up, evidence of prior treatment success and the patient was authorized 4 treatments from 10/17/2014 to 11/28/2014, which does not meet time recommendations of care every 4-6 months. The request for 8 additional chiropractic treatment sessions to the cervical and lumbar spinal regions exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.