

Case Number:	CM14-0067610		
Date Assigned:	08/04/2014	Date of Injury:	01/25/2014
Decision Date:	10/03/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 61-year-old female born 01/28/1953. On 01/25/2014, while working as a flight attendant, she was sitting on the jump seat and the pilot had occurred landing, bouncing her body she noted immediate back and neck pain. She presented for medical care on 01/27/2014 with complaints of 6/10 neck and low back pain. Cervical examination noted decreased range of motion, tenderness and pain with left rotation of neck; without bony tenderness, swelling, edema or deformity. Lumbar spine decreased range of motion, tenderness (left paraspinal and gluteal muscles) and pain were noted. Seated leg raise was reported positive on the left, supine leg raise positive on left, and with normal sensation, normal gait and normal reflexes. She was diagnosed with cervical spine sprain, lumbar muscle strain and left side sciatica. The medical provider's PR-2 of 02/10/2014 reports 7/10 neck and low back pain. Cervical spine exam revealed tenderness, limited range of motion, and sensation within normal limits throughout bilateral limbs. Lumbar spine exam revealed tenderness, limited range of motion, 4/5 motor strength in bilateral lower limbs, sensation within normal limits throughout bilateral limbs, and positive seated leg raise on left side. Left shoulder exam revealed tenderness, limited range of motion, and supraspinatus/empty can left positive. The patient had started physical therapy. In medical follow-up on 03/24/2014, the patient reported 4/10 neck and low back pain. She reported since her last visit her condition was much improved with chiropractic therapy. Cervical spine examination revealed minimal tenderness, limited range of motion and normal sensation. Lumbar spine exam revealed normal gait, no asymmetry, normal posture, minimal tenderness to palpation, 4/5 motor strength in bilateral lower extremities, decreased sensation to touch over the left big toe, 1+ left patella and 2+ right patellar reflexes, and positive seated left leg raise. Shoulder examination revealed no asymmetry, normal posture, tenderness of left shoulder and over left clavicle to palpation, near normal range of motion, and negative supraspinatus/empty

can lift. Diagnoses were noted as pain in shoulder region, sciatica, and cervical radiculopathy. The treatment plan included the request for 6 additional chiropractic visits. A request for authorization of 6 visits of chiropractic care was received on 03/25/2014. In medical follow-up on 04/15 2014, the medical provider requested an extension of chiropractic therapy at a frequency of 2 times per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 173, 174 & 181, 203, 299 & 300.

Decision rationale: The request for 6 additional chiropractic sessions is not supported by ACOEM to be medically necessary. Specific chiropractic treatment procedures and specific anatomic regions to be treated are not noted in the request for care; therefore, the question will be based upon the reported diagnoses and associated anatomic regions. Regarding the shoulder: ACOEM does not support medical necessity for chiropractic treatment sessions to the shoulder. ACOEM reports manipulation by a manual therapist has been described as effective for patients with frozen shoulders. This patient has not been diagnosed with frozen shoulder; therefore, manipulation is not supported. ACOEM reports physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies. Patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. ACOEM does not support in-office passive care modalities. Regarding the cervical spine: ACOEM does not support medical necessity for additional chiropractic treatment sessions to the cervical spine. ACOEM reports cervical manipulation may be an option for neck pain early in care only, and it is reasonable to incorporate it within the context of functional restoration rather than for pain only. Prior to the request on 03/24/2014 for additional chiropractic care, this patient had treated on an unreported number of chiropractic therapy sessions without evidence of efficacy with care rendered. There is no evidence cervical manipulation was used within the context of functional restoration. This patient was diagnosed with cervical radiculopathy, and ACOEM reports there is insufficient evidence to support manipulation of patients with cervical radiculopathy. ACOEM does not support medical necessity for additional chiropractic manipulative treatment sessions to the cervical spine. ACOEM reports there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Emphasis should focus on functional restoration and return of patient's to activities of normal daily living. ACOEM does not support passive care modalities, and there is no evidence the focus was on functional restoration and

return of the patient to activities of normal daily living. Regarding the lumbar spine: ACOEM does not support medical necessity for additional chiropractic treatment sessions. ACOEM reports, manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In the acute phases of injury manipulation may enhance mobilization. If manipulation does not bring improvement in 3-4 weeks, it should be stopped and the patient reevaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved. Prior to the request on 03/24/2014 for additional chiropractic care, this patient had treated on an unreported number of chiropractic therapy sessions without evidence of efficacy with care rendered. This patient's injury occurred on 01/25/2014, and by the time of request (03/24/2014) for additional chiropractic treatment sessions the patient's symptoms had already lasted 2 months, and the request was beyond the time in which ACOEM supports manipulative care. ACOEM reports physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. At-home local applications of heat or cold are as effective as those performed by therapists. ACOEM does not support in-office passive care modalities.