

<b>Case Number:</b>	CM14-0072732		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 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 injured worker is a 66-year-old female with a reported date on injury on 06/12/2009. The mechanism of injury is described as working as a perioperative nurse, she had a slip and fall, falling on her left side and then crashing a doorway, striking her low back, left leg, left arm, neck and head. On 10/30/2012, the patient was certified 6 chiropractic treatments. Per Qualified Medical Evaluation (QME) dated 12/07/2012, the patient was determined MMI. In medical evaluation on 0/17/2014, the patient reported continued neck, left upper extremity, low back and left lower extremity pain. She was determined permanent and stationary with permanent disability, and the provider requested authorization for 6 sessions of chiropractic spinal manipulation for the cervical and lumbar spines. The chiropractor submitted two (2) PR-2 reports dated 02/28/2014. One of the PR-2s reports additional information, which in this paragraph is noted by information contained within parentheses. The subjectives were noted as neck and lower back pain and pain in the left shoulder area, slightly reduced after 2 chiropractic office visits. 02/26/2014 + 02/28/2014 findings. (And reports an increase in her ADL post care.) Objective findings were noted as, "lumbar cervical and left cervical dorsal and shoulder region tenderness restricted ranges of motion and pain upon primary passive and active ROM to the cervical and lumbar spine. Positive compression and stretch tests found in cervical and lumbar areas of concern. Lumbar and cervical malposition found after the 2nd session of care provided. Patient's overall objectives reduced by 15-20%. Patient responded favorably to care." (Functionality over-all improved 20% post care. ADL by 35%.) No comparative measured objective or functional factors were noted. Diagnoses were reported as cervicgia and low back pain. The chiropractor requested authorization for (6) six sessions of care. The goal of care was to reduce the patient's overall conditions 80% as soon as possible and then release (to a will call basis and rely on home care and to a home exercise program on her own). The patient was not

currently working. (Hopefully to gain modified ability to work is the goal post additional 6 sessions of care. To be able to work in modified state). The patient was seen in medical evaluation on 03/14/2014 with continued neck, low back and left upper and lower extremity pain. The physician recommended 6 additional chiropractic treatments to be done every other week over a span of 12 weeks.

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

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

#### **Additional Chiropractic Therapy X 6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): 58-60. 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 6 additional 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 relative to the request for chiropractic care of cervical and thoracic complaints. Because MTUS does not specifically address the cervical spinal region, ODG is also the reference source. 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. Per submitted information, on 10/30/2012, the patient was certified 6 chiropractic treatments, yet the earliest dated chiropractic record provided for this review is the PR-2 dated 02/28/2014. The patient recently treated with chiropractic care on 02/26/2014 and 02/28/2014. Relative to treatment for recurrences/flare-ups, based upon prior treatment success and return to work, guidelines support 1-2 visits every 4-6 months. In this case, there is no evidence of prior treatment success, and the patient has already treated with 2 chiropractic visits. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 6 additional chiropractic

treatment sessions exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.