

<b>Case Number:</b>	CM14-0079865		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 52-year-old male with a 3/27/14 date of injury. The mechanism of injury was that the patient was lifting a portable carpet cleaning unit, fell to the ground and hit his right forearm and wrist on the machine. He felt severe pain in his lower back and experienced tingling in both legs. According to a progress note dated 5/13/14, the patient noted that he was still experiencing discomfort in the middle of his back. He has completed 5 of 6 physical therapy session and stated that physical therapy has been very helpful. Objective findings: tenderness to palpation over L5/S1, normal gait, neuromotor intact, walks on toes and heels and tendon. Diagnostic impression: elbow tenosynovitis, elbow/upper arm pain, muscle spasms of lumbar spine, lumbar spine sprain/strain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 5/21/14 denied the request for 9 sessions of Chiropractic treatment for the lumbosacral area and right elbow. There is no documentation provided describing the total number of chiropractic visits that have been rendered prior to the recent request for nine visits, as well as no information describing specific examples of clinical findings demonstrating objective functional improvement from the prior chiropractic care rendered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the lumbosacral area and right elbow, 3 times a week for 3 weeks, QTY: 9 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (updated 05/12/14), Manipulation and Official Disability Guidelines (ODG): Elbow (updated 05/12/14), Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter-Manipulation.

**Decision rationale:** CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. CA MTUS does not address chiropractic therapy for the elbow. According to ODG guidelines, manipulation of the elbow is recommended only on a short-term limited basis as indicated below. Insufficient evidence exists to evaluate many physical modalities, including manipulation, used to treat disorders of the elbow, often employed based on anecdotal or case reports alone. Guidelines support up to 3 visits contingent on objective improvement documented. Further trial visits up to 3 more contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy. There is no documentation in the reports reviewed stating whether this is a new request for chiropractic therapy or a request for chiropractic therapy. According to the 5/21/14 UR decision, the patient has already received chiropractic treatment. Guidelines support an initial trial of 6 chiropractic treatments for back pain and 3 chiropractic treatments for elbow pain. This request is for 9 sessions which exceeds the number of sessions recommended by guidelines for both conditions. Therefore, the request for Chiropractic treatment for the lumbosacral area and right elbow, 3 times a week for 3 weeks, QTY: 9 sessions was not medically necessary.