

<b>Case Number:</b>	CM14-0086322		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 injured worker is a 56-year old male report injured on the 12/18/2012, while performing his usual and customary job duties, he was carrying an electrical cable about 100 feet long and weighed approximately 100 pounds when he experienced an onset of pain in his lower back. The Doctor's Initial Report of Injury of 05/20/2014, reports the patient presented with complaints of pain in the left elbow, neck, and lumbosacral region. No objective findings are noted. The record is completed difficult to decipher handwritten script and with the exception of the diagnosis of cervical strain, diagnoses cannot be ascertained. The provider recommended chiropractic and PT at a frequency of 2 times per week for 6 weeks. The question for review is regarding medical necessity of chiropractic care at a frequency of 2 times per week for 6 weeks to the right shoulder, right elbow, and 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 2 times a week for 6 weeks; Right Shoulder, Right Elbow, Cervical and Lumbar Spine:** Upheld

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

**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), Elbow (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 05/15/2014. Neck and Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014. Shoulder (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 07/29/2014.

**Decision rationale:** Regarding the right shoulder, the request for 12 chiropractic sessions to the right shoulder is not supported to be medically necessary. Although MTUS guidelines, pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions, MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of shoulder conditions; therefore, MTUS is not applicable in this case. ODG is the reference source, and ODG does not support the request for 12 sessions of chiropractic therapy for the shoulder. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. The request for 12 chiropractic visits for the shoulder exceeds ODG recommendations and is not supported to be necessary. Regarding the left elbow, the request for 12 chiropractic sessions to the right elbow is not supported to be medically necessary. Although MTUS guidelines, pages 58-60, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions, MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of elbow conditions; therefore, MTUS is not applicable in this case. ODG is the reference source for treatment of elbow conditions, and ODG does not support the request for 12 chiropractic sessions to the left elbow. In the Elbow (Acute and Chronic) section, ODG Chiropractic Guidelines support up to 3 visits of chiropractic contingent on objective improvement documented (i.e. VAS improvement greater than 4), with an additional trial of up to 3 more visits contingent on further objectification of long-term resolution of symptoms, plus active self-directed home therapy. There is no evidence of measured objective improvement with chiropractic care provided to the elbow, there is no evidence of a recurrence/flare T up, there is any evidence of a new condition, and there is no evidence of active self-directed home therapy; therefore, the request for 12 additional chiropractic treatment sessions exceeds ODG guidelines recommendations and is not medically necessary. Regarding the cervical spine, the request for 12 chiropractic sessions to the cervical spine is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment 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 complaints. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, ODG will be referenced regarding the request for chiropractic treatments to the cervical spine. ODG is the reference source for treatment of cervical spine conditions, and ODG does not support the request for 12 chiropractic sessions to the cervical spine. 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 submitted documentation does not provide evidence of measured objective functional improvement with chiropractic care rendered, does not provide evidence of

an acute flare-up, does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 12 chiropractic sessions to the cervical spine exceeds ODG recommendations and is not supported to be medically necessary. Regarding the lumbar spine, the request for 12 chiropractic sessions to the lumbar spine 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 complaints 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. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered, does not provide evidence of an acute flare-up, does not provide evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 12 chiropractic sessions to the lumbar spine exceeds MTUS recommendations therefore, this request is not medically necessary.