

Case Number:	CM14-0092143		
Date Assigned:	07/25/2014	Date of Injury:	04/16/2014
Decision Date:	10/02/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/18/2014

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 Occupational Medicine 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 claimant was injured on 04/16/14 when he fell 5 feet off a ladder onto a stone fireplace. Chiropractic for 6 weeks for the back, neck, and shoulder is under review. The claimant, at his initial visit complained of left shoulder pain, left-sided rib pain, low back pain, bilateral hand pain, and mid back pain. He currently reports persistent left shoulder pain, left-sided rib pain, low back pain, left greater than right hand and arm weakness, and mid back pain. His shoulder pain level is 7/10 and is increased with any movement or lifting. It is worse in the morning. He has neck and arm symptoms with a light constant aching pain in the neck that radiated down the left arm to the hands. He complains of weakness of grip strength bilaterally that is worse on the left side but no numbness or tingling. He had constant aching pain in his low back with some stabbing pain and the pain level was 6/10. There was some cramping and tightness. His pain was aggravated by prolonged sitting or trying to lift anything. He last worked on 04/23/14 due to increased pain at work. He has a history of depression. He also had tenderness about the cervical and shoulder regions and the bilateral low back regions. He had decreased range of motion of his back and decreased sensation in multiple cervical and lumbar dermatomes. He had mild weakness. There is a request for chiropractic once a week for 8 weeks for the neck, back, and shoulder. He was taking Norco and ketoprofen for pain and Celexa for depression. He was also given some creams. He had mild degenerative changes in the shoulder on x-rays. There was no acute bony pathology. X-rays of the low back revealed mild osteopenia and some degenerative changes. He had one session of PT for the left shoulder. The 8 visits were modified to 6 visits only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic once a week for 6 weeks Back, Neck and Shoulder between 5/19/14 and 8/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back and Shoulder - Manual Therapy and Manipulation

Decision rationale: The history and documentation do not objectively support the request for chiropractic once a week for 6 weeks for the neck, shoulder, and low back for the period of time from 05/19/14 through 08/30/14 for acute, then subacute/chronic symptoms. The treatment sessions began on 05/19/14, about one month following the injury, so the claimant did not have a chronic condition at that time. The sessions ended on 08/30/14 and there is no documentation of objective measurable or functional progress during the time that he was attending these visits, in particular after the first 3 -4 weeks of treatment, when his progress should have been noted. It is not explained why his visits occurred so infrequently and there is no discussion of his compliance or possible missed visits. The MTUS ACOEM Low Back chapter states regarding manipulation of the low back that "manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. Of note is that most studies of manipulation have compared it with interventions other than therapeutic exercise, hence its value as compared with active, rather than passive, therapeutic options is unclear. Nonetheless, in the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four 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." The ACOEM Guidelines for the Neck state "manipulation has been compared to various treatments, but not placebo or non-treatment, for patients with neck pain in nearly twenty randomized clinical trials. More than half favored manipulation, with one reporting better results in combination with exercise, while the remainder indicated treatments were equivocal. Cervical manipulation has not yet been studied in workers' compensation populations." The ODG state regarding manipulation of the cervical spine "recommended as an option. In limited existing trials, cervical manipulation has fared equivocally with other treatments, like mobilization, and may be a viable option for patients with mechanical neck disorders. However, it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." The MTUS Shoulder chapter states "manipulation by a manual therapist has been described as effective for patients with frozen shoulders. The period of treatment is limited to a few weeks, because results decrease with time." The ODG Shoulder chapter states "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 demonstrated." The MTUS Chronic Pain Guidelines state "manual therapy & manipulation may be recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate

progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." These guidelines do not address treatment of the neck and shoulder. The ODG Pain Chapter states that manipulation can be recommended for the neck, shoulder, and low back as noted in each chapter (quoted above). In this case, there is no evidence that the claimant's progress was being monitored during the phase of care from 05/19/14 through 08/30/14 when this treatment reportedly ended. It appeared that he remained symptomatic despite treatment over a prolonged period of time. It is not clear whether he was compliant with this treatment. There is no evidence that the claimant received any significant benefit during the first few weeks (typically 2-4 weeks) of treatment to warrant continuation of this method of treatment. The medical necessity of chiropractic for the neck, shoulder, and low back for 6 visits from 05/19/14 through 08/30/14. Therefore, the request is not medically necessary.

