

<b>Case Number:</b>	CM14-0096908		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/05/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Services 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 68-year-old male born on 02/06/1946. On 06/05/2007, the patient was performing his usual and customary job duties as a fabric welder when he was making room for a welding project by pulling a rubber mat away and fell backwards over a pallet, impacting his buttock and outstretched right arm on the cement, hurting his back and right upper extremity. The chiropractor's first report of occupational injury or illness indicates the patient presented on 09/05/2007 with lumbosacral symptoms (R>L), thoracic symptoms and right wrist/hand symptoms. The patient was to be treated 3 times per week for 4-6 weeks. On 10/20/2007, 12/01/2007, 01/11/2008, 04/03/2008, and 05/15/2008, the chiropractor requested authorization to continue chiropractic care 3 times per week for 4-6 weeks. On 06/26/2008, there was a request for continued chiropractic care 2 times per week for 4-6 weeks. On 09/13/2013, 10/12/2013 and 12/07/2013, there were requests for chiropractic at a frequency of 2 times per week for 4 weeks. Most recently, the chiropractor's PR-2 reports of 01/04/2014, 02/22/2014, 03/22/2014, 04/19/2014, and 05/17/2014, each report the patient continued with lower extremity weakness (R>L) and difficulty sleeping with increased anxiety/depression. The examinations from 01/04/2014 through 05/17/2014 each revealed decreased cervical spine, lumbar spine and right wrist active ranges of motion with pain, point tenderness and myospasms; positive orthopedic/neuro testing, paresthesias distally into right lower extremity ankle/foot, and resisted muscle weakness SI right (+ 2/5). Diagnoses have been reported as status post right shoulder arthroscopy (01/19/2010), status post lumbar spine fusion (09/28/2010), chronic thoracic spine sprain/strain, cervical spine IVD displacement with radiculopathy, chronic right wrist tenosynovitis, and right medial epicondylitis. On 01/04/2014, 02/22/2014, 03/22/2014, and 04/19/2014 continued therapy in-house 1 time per week for 4 weeks was requested. The patient was released from care on 05/16/2014 and was to remain off work until 06/13/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatment for 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**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 & Upper Back (Acute & Chronic), Procedure Summary - Manipulation//ODG Chiropractic Guidelines. Updated 08/04/2014.

**Decision rationale:** MTUS (Chronic Pain Medical Treatment Guidelines) supports a trial of up to 6 visits of manual therapy and manipulation in the treatment of chronic low back pain complaints but reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions; therefore, both MTUS and ODG will be referenced. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits 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. Because MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical and thoracic conditions, ODG is the reference source for such. 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. This patient has been treating with chiropractic care since at least 09/05/2007. There is no evidence of measured objective functional improvement with chiropractic care rendered, no evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 12 additional chiropractic treatment visits exceeds MTUS and ODG recommendations and is not medically necessary and appropriate.