

<b>Case Number:</b>	CM13-0005743		
<b>Date Assigned:</b>	08/20/2013	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female worker incurred an industrial injury 06/21/2012 when a medal pole struck them on the head causing a closed head injury. Since that date the injured worker (IW) has complained of headaches and neck pain. In an orthopedic consult on 02/27/2013, the IW stated that since the injury there were episodes of increased pain to the neck and headaches that caused difficulty with showering, dressing and grocery shopping. The IW at that time had been off work since November 2012 and was receiving worker's compensation disability benefits. Objectively there was noted spasm and tenderness over the paravertebral musculature, but not over the upper trapezium, interscapular area, cervical spinous process, or occiput. Range of motion was accomplished with discomfort, pain and spasm. Reflexes and neurologic checks of the upper extremities were normal Injections of Lidocaine and Depo-Medrol were injected at points identified by the patient in her upper back. The IW continued with subjective complaints of neck pain and headaches. Diagnosis at that time included cervical spine sprain, closed head injury, persistent headache and insomnia. In the treatment plan of 04/27/2013, the IW was receiving chiropractic physiotherapy and taking medications of Naproxen 550 mg twice daily, Tramadol 50 mg every 6 hours as needed, Flexeril 7.5 mg every 8 hours as needed and Prilosec 20 mg once daily. Over the life of the claim, the IW has had neurologic and orthopedic consultations, a MRI of the cervical spine, x-rays of the cervical spine, (12/03/2012), computerized motion analysis of movement in the cervical spine, chiropractic care, and treatment with acupuncture. The acupuncture was discontinued, but chiropractic care was continued. According to the UR letter of 07/10/2013, a request for authorization (ROA) was received 07/01/2013 for 12 additional

chiropractic /physiotherapy sessions. It was noted that chiropractic care began 11/14/2012 and the IW had 6 sessions to date with essentially no difference between the 12/21/12 exam and the exam done 04/12/2013.

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

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

#### **CHIROPRACTIC/PHYSIOTHERAPY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic; ODG, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Physical therapy Page(s): 58-59 and page 98.

**Decision rationale:** Per the MTUS guidelines regarding chiropractic treatment, one of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. In addition the cite guideline states. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The guidelines cited below state, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. It was noted that chiropractic care began 11/14/2012 and the IW had 6 sessions to date with essentially no difference between the 12/21/12 exam and the exam done 04/12/2013. Patient has received an unspecified number of PT and chiropractic visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT per the guidelines cited, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for CHIROPRACTIC/PHYSIOTHERAPY is not fully established for this patient.