

<b>Case Number:</b>	CM15-0005632		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 58 year old female with a reported date of injury of 6/10/2011; mechanism of injury was not reported. The PR-2 dated 11/13/14 reported the patient's spinal complaints as status quo. The patient reported that since her prior visit one month prior her back complaints are worse than her shoulder. Exam: shoulder ROM very restricted; 100 degree flexion abduction 100; provocative test positive. Lumbar spine ROM's were reported decreased, SLR positive, difficulty with standing on toes/heels. Diagnoses: lumbar sprain/strain with disc disease. Provider requested 2x4 Chiropractic care to the lumbar spine. UR determination of 12/10/14 stated that based on the medical records indicating the patient's lack of suffering from musculoskeletal pain the request for 2x4 Chiropractic was denied. CAMTUS Chronic Pain Guidelines provide for rationale of denial.

### 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 4 weeks Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59, 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); pg. 7/127; 30-127 California MTUS Manual therapy & manipulation. 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. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Active Treatment versus Passive Modalities: Manipulation is a passive treatment, but many chiropractors also perform active treatments, and these recommendations are covered under Physical therapy (PT), as well as Education and Exercise. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit Page(s): 58/59.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines for Manual therapy & manipulation are 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. The PR-2 provided by the PTP contained reference to worsening pain in the back and shoulder as compared to pain presentation to the same provider one month prior. Although the pain in the spine/shoulder were not reported by comparative VAS index, reported examination deficits of ROM loss and other orthopedic markers were positive leaving evidence of functional deficits that would benefit from manipulative pr manual therapy. The absence of reported pain is not sufficient to deny care that is directed to restoration of functional improvement. CAMTUS Chronic Treatment Guidelines do not limit treatment for objectively demonstrated injuries based on the absence of specific pain complaints.