

<b>Case Number:</b>	CM15-0134757		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	06/09/2015
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 65 year old female who sustained an industrial /work injury on 6/9/15. She reported an initial complaint of neck, mid back, lower back, bilateral upper extremities, bilateral knees, bilateral feet ( R>L) pain. The injured worker was diagnosed as having cervical spine sprain/strain, lumbar spine sprain/strain, with radiculopathy; thoracic spine sprain/strain; bilateral shoulders sprain/strain, rule out rotator cuff tear, impingement syndrome, tendonitis; elbow/forearm sprain/strain, epicondylitis, tendonitis, bursitis, cubital tunnel syndrome; wrist/hands sprain/strain, tendonitis, carpal tunnel syndrome; bilateral knees sprain/strain, rule out derangement; bilateral feet, plantar fasciitis; and depression and anxiety disorder. Treatment to date includes medication and diagnostics. MRI results of the brain were reported on 4/17/15. Currently, the injured worker complained of constant severe to moderate and radiating pain in the neck, mid back, lower back, bilateral upper extremities, bilateral knees, and bilateral feet. There were also cardiovascular and psychological disorders. Per the doctor's first report of illness exam on 6/12/15, there was moderate to severe tenderness to the thoracic and lumbar spine, decreased range of motion and positive straight leg raising, tenderness to the bilateral elbows, wrists, knees, and feet. Current plan of care included chiropractic and physical therapy sessions were recommended. The requested treatments include Spinal Manipulation for the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral hands, bilateral knees and bilateral feet and Spinal Manipulation and Physiotherapy for the depression and anxiety and cardiovascular disease.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal Manipulation for the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral hands, bilateral knees and bilateral feet, 12 visits: 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 Chiropractic care Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic care.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, spinal manipulation of the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, wrists, elbows, hands and feet 12 sessions are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral elbows, sprain strain; epicondylitis, tendinitis, bursitis; cubital syndrome bilateral wrist sprain strain carpal tunnel syndrome; bilateral knee sprain strain bilateral feet plantar fasciitis; depression and anxiety; and cardiovascular disorder psychogenic. The date of injury is June 9, 2015. Request authorization is dated June 26, 2015. The guidelines recommend a trial of six chiropractic treatments over two weeks. The guidelines recommend a six visit clinical trial of physical therapy. The treating provider requested 12 sessions of spinal manipulation over multiple anatomical regions. The treating provider's request exceeds the recommended guidelines for a six visit clinical trial. There are no compelling clinical facts indicating 12 sessions of spinal manipulation are clinically indicated. Based on clinical information in the medical record, the peer-reviewed evidence-based guidelines and a request in excess of the recommended guidelines for a six visit clinical trial, spinal manipulation of the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, wrists, elbows, hands and feet 12 sessions are not medically necessary.

**Spinal Manipulation and Physiotherapy for the depression and anxiety and cardiovascular disease, 12 visits: 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 Chiropractic care Physical medicine Page(s): 58-60 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic care Pain section, Physical medicine.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, spinal manipulation and physiotherapy for depression and anxiety and cardiovascular disease, 12 sessions are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral elbows, sprain strain; epicondylitis, tendinitis, bursitis; cubital syndrome bilateral wrist sprain strain carpal tunnel syndrome; bilateral knee sprain strain bilateral feet plantar fasciitis; depression and anxiety; and cardiovascular disorder psychogenic. The date of injury is June 9, 2015. Request authorization is dated June 26, 2015. The guidelines recommend a trial of six chiropractic treatments over two weeks. The guidelines recommend a six visit clinical trial of physical therapy. The treating provider requested 12 sessions' spinal manipulation and physiotherapy for depression and anxiety and cardiovascular disease, 12 sessions. Spinal manipulation and physical therapy are not clinically indicated for depression, anxiety and cardiovascular disease. There is no clinical rationale in the medical record for spinal manipulation and physical therapy for depression, anxiety and cardiovascular disease. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, spinal manipulation and physiotherapy for depression, anxiety and cardiovascular disease, 12 sessions are not medically necessary.