

<b>Case Number:</b>	CM14-0129392		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 injured worker is a 59-year-old male reportedly injured on the 01/10/2011. The patient described the onset of pain in his neck and low back to the repetitive and strenuous nature of his job duties. Per Orthopedic Panel Qualified Medical Evaluation, the patient was determined permanent and stationary on 07/19/2012. The Primary Treating Physician's Interim Report of 09/06/2012 reports there has been some improvement with chiropractic treatment. In medical follow-up on 06/05/2014, there was a request for chiropractic treatment at a frequency of 2 times per week for 4 weeks to the cervical and lumbar spines. On 06/18/2014, a Request for Authorization was completed requesting authorization for chiropractic treatment for the cervical and lumbar spines at a frequency of 2 times per week for 4 weeks. The chiropractor's PR-2 of 07/16/2014, reports the patient returned for follow-up care regarding 8/10 lumbar pain with radicular pain affecting the left lower extremity and constant 8/10 cervical spine pain. By examination there was cervical spine tenderness over the paraspinal muscles bilaterally with hypertonicity, limited range of motion in all planes, and decreased strength and sensation on the left at 4/5 at C5, C6, and C7. By examination of the lumbar spine there was decreased range of motion, tenderness over the paraspinal muscles bilaterally, and decreased sensation and strength on the left at L4, L5, and S1. Diagnoses were reported as cervical and lumbar disc herniations. The chiropractor reported the patient continued with pain and functional loss. The chiropractor requested authorization for treatment of the cervical and lumbar spines at a frequency of 2 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy 2x week for 4 weeks to the Cervical and Lumbar Spine.: Upheld**

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

**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:** The request for additional chiropractic treatment sessions to the cervical and lumbar spinal regions at a frequency of 2 times per week for 4 weeks is not supported to be medically necessary. MTUS guidelines support a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain 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. MTUS reports no recommendations for or against manual therapy and manipulation in the treatment of cervical conditions; therefore, MTUS guidelines are not applicable in this case regarding the request for chiropractic care of cervical complaints. Because MTUS does not specifically address the cervical spinal region, ODG is also the reference source. ODG 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. The patient's injury occurred on 01/10/2011, and he was determined permanent and stationary on 07/19/2012. This patient has treated with an unreported amount of chiropractic care, treating with chiropractic since prior to 09/06/2012. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for additional chiropractic treatment sessions to the cervical and lumbar spinal regions at a frequency of 2 times per week for 4 weeks exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.