

Case Number:	CM14-0136019		
Date Assigned:	09/03/2014	Date of Injury:	10/30/2012
Decision Date:	10/06/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/22/2014

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 Board Certified in Chiropractic 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 33-year-old female born with a reported date of injury on 10/30/2012. While working as a laborer and performing her typical job duties, she began to notice significant pain building up in her low back region with numbness and tingling radiating into the lower extremities. The patient had been certified 8 chiropractic visits on 11/21/2013. The medical provider's PR-2 of 05/07/2014, reports the patient had completed chiropractic therapy. The chiropractor's PR-2 of 05/12/2014, reports complaints of neck pain, upper/mid back pain, and low back pain. Examination findings report +3 tenderness to palpation of cervical paravertebral muscles and bilateral trapezii, cervical paravertebral and bilateral trapezii muscle spasms, cervical ranges of motion decreased and painful, and cervical compression and shoulder depression caused pain. Thoracic paravertebral muscles +3 tenderness to palpation, thoracic paravertebral spasms, thoracic ROM decreased, and Kemp's caused pain. Lumbar paravertebral muscles and bilateral SI joints +3 tenderness to palpation, lumbar paravertebral muscle spasms, lumbar ROM decreased and painful, and Kemp's and sitting straight leg raise caused pain. Diagnoses were noted as cervical musculoligamentous injury, cervical muscle spasm, lumbar musculoligamentous injury, lumbar muscle spasm, and rule lumbar disc protrusion. There is no reference to work status. The chiropractor recommended chiropractic care at a frequency of 2-3 times per week for 6 weeks. The chiropractor's PR-2 of 06/16/2014 reports patient complains of constant neck pain radiating to the shoulders and constant low back pain radiating to the bilateral lower extremities. By examination, cervical spine ranges of motion decreased and painful, +3 tenderness to palpation of the cervical paravertebral muscles and trapezii, muscle spasm of cervical paravertebral muscles and trapezii, and cervical compression and shoulder depression caused pain. Lumbar ranges of motion were decreased and painful, +3 tenderness to palpation of the lumbar paravertebral muscles and bilateral SI joints, muscle spasm of lumbar paravertebral

muscles, and Kemp's caused pain. Diagnoses were noted as cervical musculoligamentous injury, cervical muscle spasm, rule out cervical radiculitis versus radiculopathy, lumbar muscle spasm, and lumbar disc protrusion. There is no reference to work status. The chiropractor recommended chiropractic care at a frequency of 2-3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 X 6 For The Cervical/Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute and Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014,

Decision rationale: The request for 12 chiropractic treatment sessions to the cervical and lumbar spinal regions at a frequency of 2 times per week for 6 weeks is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports 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 (Chronic Pain Medical Treatment Guidelines) 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 relative to the request for chiropractic care of cervical and thoracic complaints. Because MTUS does not specifically address the cervical spinal region, ODG is also the reference source. 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. Per submitted information, the patient had been certified 8 chiropractic visits on 11/21/2013. The medical provider's PR-2 of 05/07/2014 noted the patient had completed chiropractic therapy. The chiropractic documentation provided for this review consisted of the progress reports (PR-2) dated 05/12/2014 and 06/16/2014, which reported subjectives, objectives, diagnoses and treatments essentially unchanged. 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 12 additional chiropractic treatment sessions exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.