

<b>Case Number:</b>	CM14-0165454		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	11/22/1999
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Occupational Medicine 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:

There were 46 pages provided for this review. It was signed on October 4, 2014. The patient was described as a 75-year-old woman who was injured in 1999. The patient was seen for a flare-up on September 2, 2014, for cervical/thoracic pain and headaches. Objective findings included tenderness to palpation of the paraspinal muscles, trigger points on the suboccipital area, and mild resistance to passive motion. A chiropractor did the initial utilization review, and manipulation is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for spinal manipulation for neck pain, headache, and low back pain:**  
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 Manual therapy & manipulation Page(s): 58 of 127.

**Decision rationale:** The MTUS stipulates that the intended goal of care in the form of chiropractic manipulation 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. It notes that elective and maintenance care, such as has been used for many years now in this case, is not medically necessary. The care is also passive in nature, where active care is generally preferable to aid in returning the patient to good function. These records fail to attest to 'progression of care'. The guidelines further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system and towards self-care. It notes that over-treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. There is no documentation of objective improvement functionally out of past chiropractic efforts. The request was not medically necessary or appropriate.

**1 physiotherapy session to include: ultrasound / sine wave 5 minutes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 of 127.

**Decision rationale:** The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The conditions mentioned are myalgia and myositis, unspecified: 9-10 visits over 8 weeks; neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks; and reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. It is not clear what objective functional benefit would be obtained with one session, using a passive modality of ultrasound. Home heat packs also can be done at home in lieu of ultrasound to provide heat if needed so that component of the request is non-essential as well. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They state that that over-treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. The patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was not medically necessary.