

<b>Case Number:</b>	CM15-0012378		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old male, who sustained an industrial injury on 4/23/2014 related to a motor vehicle accident. The diagnoses have included cervical sprain/strain, and thoracic and lumbar sprain/strain. Treatment to date has included physical therapy, diagnostic testing including EMG (electromyography)/NCV (nerve conduction studies) of the bilateral upper extremities, activity modification, medications and chiropractic. X-rays dated 5/02/2014 revealed mild endplate sclerosis and osteophytosis noted at L3-5. There is facet joint hypertrophy at L3-L5. The disc heights are well maintained. There is grade 1 retrolisthesis of L2 on L3. The bilateral sacroiliac joints appear unremarkable. The impression is mild degenerative changes from L3-5. Currently, the IW complains of constant neck, mid back and low back pain with radiation to the right glute. He also reports lateral right elbow pain. Objective findings included limited range of motion of the lumbar and cervical spine secondary to pain. He has palpable taut bands along his cervical paraspinals, superior trapezius, thoracic and lumbar paraspinals and right gluteus medius muscle. Palpation causes a positive twitch response with referred pain. On 12/16/2014, Utilization Review non-certified a request for chiropractor for active release technique and myofascial therapy x 8 for the cervical and lumbar noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/22/2015, the injured worker submitted an application for IMR for review of chiropractor for active release technique and myofascial therapy x 8 for the cervical and lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractor for Active Release Technique and Myofascial Therapy X 8 for the Cervical and Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-60. Decision based on Non-MTUS Citation Low back; chiropractic

**Decision rationale:** Additionally clarifies that 'medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated.' Additionally, MTUS states "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 reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Medical documents indicate that patient has undergone previous physical therapy sessions, which would not be considered in the 'trial period' anymore. The treating provider has not demonstrated evidence of objective and measurable functional improvement during or after the trial of therapeutic care to warrant continued treatment. As such, the request for Chiropractor for Active Release Technique and Myofascial Therapy X 8 for the Cervical and Lumbar is not medically necessary.