

<b>Case Number:</b>	CM14-0145232		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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, 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 patient is a 23-year-old male born on [REDACTED]. While employed as a mental health worker, on 02/20/2013, the patient was assaulted by a patient, hit on the back of the right side of his head several times. The medical provider's 02/24/2014 PR-2 reports continued pain and headaches. No measured objectives were reported. The provider recommended chiropractic care at a frequency of 2 times per week for 6 weeks. The medical provider's 03/17/2014 PR-2 reports increased headaches and continued cervical pain. Cervical examination revealed + trap/rhomboid spasm, + pain with extension, decreased range of motion, and + pain with range of motion. The provider recommended chiropractic treatment at a frequency of 2 times per week for 6 weeks. The medical provider's 04/21/2014 PR-2 reports complaints of headaches still and some spasms. No measured objectives were reported. The provider recommended chiropractic care at a frequency of 2 times per week for 6 weeks. The medical provider's 05/19/2014 PR-2 reports increased neck stiffness and severe headaches. By examination there was + Spurling, + neck stiffness, and decreased range of motion with pain. The provider requested authorization for 12 visits of chiropractic care for the cervical spine. The medical provider's 06/16/2014 PR-2 reports the patient had continued pain and discomfort. No measured objectives were reported. The medical provider's 07/14/2014 PR-2 reports continued pain and discomfort. The PR-2 is completed in difficult to decipher handwritten script. It reports MRI findings of L4-5 disc narrowing with bilateral nerve root mild xxx, and physical exam findings of + SLR, + trap spasm, and lumbar spasm. Diagnoses are noted as right CTS, cervical strain, lumbar HNP and head trauma. The provider recommended chiropractic care at a frequency of 2 times per week for 4 weeks. There is a request for 12 sessions of chiropractic care in the treatment of cervical and lumbar complaints.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic services (with modalities and exercises) 2 times per week for 6 weeks in treatment of the lumbar and cervical spine: Upheld**

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

**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

**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 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. This patient has treated with an unreported amount of chiropractic care. The submitted documentation does not provide evidence of objective functional improvement with 6-visit treatment trials of chiropractic care, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported; therefore, 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 exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.