

Case Number:	CM14-0147438		
Date Assigned:	09/15/2014	Date of Injury:	12/15/2010
Decision Date:	10/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/10/2014

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 Chiropractics 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 47-year-old female, born on [REDACTED], who is a defensive tactic instructor. While performing defensive tactic instructions on 12/15/2010, she injured her neck, low back and shoulder. She continues to have ongoing symptoms. In orthopedic evaluation on 03/14/2014, she reported neck, lower back and shoulder area pain. On 03/14/2014 she reported 7/10 neck and upper back pain radiating to bilateral shoulders. By examination, she was able to toe walk, heel walk and squat; there was increased pain with cervical flexion, side-to-side turning and side-to-side bending; lower extremity sensation was intact, motor was 5/5 throughout, and DTRs were 2+ and symmetrical. The patient reported previous chiropractic treatment was helpful. The patient was P&S status. The provider recommended chiropractic treatment at a frequency of 1 time per week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual therapy and mani.

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, Chiropractic Guidelines, Shoulder (Acute & Chronic), Procedure Summary - Manipulation

Decision rationale: 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 or shoulder conditions; therefore, MTUS guidelines are not applicable in this case regarding the request for chiropractic care of cervical and shoulder complaints. Because MTUS does not specifically address cervical and shoulder complaints, ODG is also the reference source for this review. 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. ODG Treatment, Shoulder (Acute & Chronic), Procedure Summary - Manipulation: In the treatment of shoulder complaints, ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but this procedure is routinely applied by chiropractic providers whose scope allows it, and the success of chiropractic manipulation for this may be highly dependent on the patient's previous successful experience with a chiropractor. In general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not documented. A total of 9 visits over 8 weeks may be supported. ODG reports there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder, but a 2-3 visit trial may be considered. Although the patient reported in orthopedic consultation on 03/14/2014 that prior chiropractic care had been helpful, no chiropractic documentation was provided for this review. 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 chiropractic treatment sessions to the cervical and lumbar spinal regions and shoulder at a frequency of 1 time per week for 12 weeks exceeds MTUS and ODG Treatment Guidelines recommendations and is not supported to be medically necessary.