

<b>Case Number:</b>	CM16-0239569		
<b>Date Assigned:</b>	12/16/2016	<b>Date of Injury:</b>	11/15/2016
<b>Decision Date:</b>	01/24/2017	<b>UR Denial Date:</b>	12/09/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2016

### 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: Missouri

Certification(s)/Specialty: Chiropractor

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a now 58-year-old female with a history of an occupational claim from 11/05/2016. The mechanism of injury is detailed as repetitive trauma from regular job duties. The current diagnoses are documented as cervical sprain, thoracic sprain, lumbar sprain, right and left shoulder joint sprain and right and left elbow joint sprain. It was noted that the patient was to receive initial care. The doctor's first report of occupational injury or illness from 11/18/2016 indicates the patient complains of neck, mid back and low back pain that was 9/10 to 10/10. The patient rated her upper extremity pains at 7/10 to 8/10. The patient had restricted lumbar flexion of 80/90 degrees with pain and range of motion of cervical, lumbar and upper extremity motions. There was palpation noted at C4-T5 and L1-5 paraspinal muscle hypertonicity. Bilateral trapezius, subscapularis and wrist flexor extensor muscle hypertonicity. There was positive cervical compression test, cervical distraction test, shoulder depression test, Kemp's test, Ely's test, Yeoman's test, Cozen's, Phalen's test, coracoid push button best and supraspinatus tendinitis test. Grip strength was decreased. The treatment plan was for the patient to receive chiropractic manipulation and physiotherapy modalities. A Request for Authorization was signed on 12/02/2016. The request was previously modified for chiropractic therapy as an initial set of visits is indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic spinal manipulation times 12 was the original request. Chiropractic spinal manipulation times 6 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Chiropractic spinal manipulation times 6 is: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Manipulation and ODG Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Manipulation; Neck and Upper back, Manipulation.

**Decision rationale:** The ACOEM Guidelines note that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. The Official Disability Guidelines note that an initial set of 6 visits is recommended. With documentation of objective functional improvement and a decrease in pain, additional sessions may be indicated. The documentation indicates the patient was previously approved for an initial 6 visits. The results of the initial 6 visits was not indicated. As such, the request is not medically necessary.

**Chiropractic joint manipulation times 12 was the original request. Chiropractic joint manipulation times 6 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Chiropractic joint manipulation times 6 is: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Manipulation and ODG Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Manipulation.

**Decision rationale:** The ACOEM Guidelines note that manipulation by manual therapy has been described as effective for patients with frozen shoulders. The Official Disability Guidelines note that an initial set of 6 visits is recommended. The documentation indicates the patient has previously been approved for an initial 6 visits. Additional visits would not be indicated until the results of the initial set of visits was indicated. As such, the request is not medically necessary.

**Electrical stimulation times 12 was the original request. Electrical stimulation times 6 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Electrical stimulation times 6 is: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Manipulation and ODG Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The ACOEM Guidelines note that physical modalities such as massage therapy, continuous laser treatment, ultrasound, transcutaneous electrical nerve stimulation, percutaneous electrical nerve stimulation and biofeedback have proven efficacy in treatment of acute low back symptoms. The documentation indicates the patient has continued complaints of acute low back pain, neck pain, shoulder pain and elbow pain. An initial set of 6 electrical stimulation visits was indicated. Additional electrical stimulation would not be warranted until the results of the initial set of visits is completed. As such, the request is not medically necessary.

**Spinolator therapy (traction) times 12 was the original request. Spinolator therapy (traction) times 6 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Spinolator therapy (traction) times 6 is: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Manipulation and ODG Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The ACOEM Guidelines note that traction has not been proven effective for treatment of low back pain. The documentation indicates the patient has continued complaints of back pain. The documentation indicates the patient has previously received initial set of 6 visits with spinolator therapy. However, additional visits would not be recommended until the results of the initial set of visits was provided. Traction is not been proven effective for lasting relief. As such, the request is not medically necessary.

**Ice/Heat pads therapy times 12 was the original request. Ice/Heat pads therapy times 6 was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Ice/Heat pads therapy times 6 is: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic) Manipulation and ODG Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** The ACOEM Guidelines note that at home local applications of heat or cold are as effective as those performed by therapists. The documentation indicates the patient was to receive an initial set of 6 visits of ice and heat pads. Additional ice and heat pads would be recommended after the results from the initial set is provided. Therefore, continued ice and heat pads would not be supported. As such, the request is not medically necessary.