

Case Number:	CM16-0231706		
Date Assigned:	12/07/2016	Date of Injury:	10/23/2016
Decision Date:	01/05/2017	UR Denial Date:	11/29/2016
Priority:	Standard	Application Received:	12/01/2016

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old female, who sustained an industrial injury on 10-23-2016. Medical records indicate the worker is undergoing treatment for cervical, thoracic and lumbar myoligamentous injury. A recent progress report dated 11-17-2016, reported the injured worker complained of neck, mid back and low back pain, rated 8 out of 10. Physical examination revealed decreased and painful cervical and lumbar range of motion. Treatment to date has included no prior chiropractic therapy and medication management. The injured worker is on temporary total disability. On 11-17-2016, the Request for Authorization requested Chiropractic physiotherapy treatment 12 visits for the cervical spine and back followed by re-examination. On 11-29-2016, the Utilization Review modified the request. Chiropractic physiotherapy treatment 12 visits for the cervical spine and back followed by re-examination was the original request. Chiropractic physiotherapy treatment 6 visits was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Chiropractic physiotherapy treatment 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy treatment 12 visits for the cervical spine and back followed by re-examination was the original request. Chiropractic physiotherapy treatment 6 visits was

authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Chiropractic physiotherapy treatment 6 visits is: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG Chiropractic guidelines.

MAXIMUS 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.

Decision rationale: According to the 2016 MTUS Chronic Pain Guidelines, Manipulation is recommended for chronic pain if caused by musculoskeletal conditions and Manual Therapy is widely used in the treatment of musculoskeletal pain. MTUS Chronic Pain Guidelines make no recommendation regarding cervical or thoracic manipulation, however Official Disability Guidelines (ODG), Neck and Upper Back section recommends manipulation for an initial trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. For severe (grade 3) cervical strain, ODG recommends an initial trial of 10 visits over 4-6 weeks and up to 25 visits over 6 months with evidence of objective functional improvement. MTUS ACOEM, Chapter 8, Neck and Upper Back complaints, states that using cervical manipulation may be an option for patients with occupationally related neck pain or cervicogenic headache. There should be some outward sign of subjective or objective improvement within the first 6 visits in order to justify additional care beyond the initial 6 visit trial. ODG recommends an initial trial of 6 visits over 2-3 weeks. The initial treatment request exceeds the recommendation for an initial trial. Given the quantity of this request, and lack of extenuating circumstances to deviate from guidelines, the request is not medically necessary. MTUS recommends manual therapy and manipulation for chronic pain of the low back if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. An initial trial of 6 visits over 2 weeks is recommended to establish objective functional improvement. A total up to 18 visits, over 6-8 weeks, may be appropriate with documentation of objective functional improvement. For a flare ups, or a recurrence of symptoms, re-evaluation of previous treatment success is necessary. If return to work is achieved, then 1-2 visits every 4-6 months is recommended. The initial treatment request exceeds the recommendation of an initial trial of 6 visits over 2 weeks. Given the quantity of this request and lack of extenuating circumstances to deviate from guidelines, the request is not medically necessary.