

<b>Case Number:</b>	CM13-0006467		
<b>Date Assigned:</b>	08/27/2013	<b>Date of Injury:</b>	02/07/2012
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Chiropractor 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 physician 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.

### CLINICAL CASE SUMMARY

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

According to the available medical records, this is a 60 year old female patient with chronic low back and knee pain, date of injury 01/14/2012. MRI of the lumbar spine, 02/24/2012, reported a 2mm midline disc bulge at L4-5. Previous treatments include medications, chiropractic, acupuncture, physical therapy and surgeries on both knees. A doctor's first report dated 05/17/2013 by Dr. [REDACTED] revealed cervical spine pain, wrist pain, lumbar spine pain, right sciatic pain and bilateral knee pain; exam findings include decreased cervical and lumbar ROM, muscle spasm, positive orthos test for lumbar discs; diagnosis include lumbar and cervical sprain/strain, lumbar disc and right sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits, #6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** According to the available medical records, this patient had received ongoing treatment for her low back and knee pain. However, the medical records failed to document any evidence of objective functional improvement. Based on the guideline cited

above, the request for additional six chiropractic visits is not medically necessary and appropriate.