

<b>Case Number:</b>	CM13-0040570		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 in chiropractic and acupuncture, and is licensed to practice in Texas. 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. 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 49-year-old male who reported an injury on 09/10/2012 due to a slip and fall that reportedly caused injury to his low back. Previous treatments included acupuncture treatments, physical therapy, and chiropractic care. The patient's most recent clinical examination documented that there was spasming present in the paraspinal musculature of the cervical spine with limited range of motion. Examination of the thoracolumbar spine revealed tenderness and muscle spasming to the paraspinal musculature with decreased range of motion and a positive right-sided straight leg raising test. The patient's diagnoses included cervical spine strain, lumbar radiculopathy, right greater trochanteric bursitis, right knee internal derangement, right ankle sprain, and a sleep disorder. The patient's treatment plan included multiple MRIs, chiropractic care, a sleep study, and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The requested Chiropractic therapy is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient was previously treated by a chiropractor. California Medical Treatment Utilization Schedule does recommend 1 visit to 2 visits every 4 months to 6 months for recurrences or flare-ups if return to work is achieved. The clinical documentation submitted for review does not provide any evidence that this is an acute exacerbation or flare-up that would require an additional 1 visit to 2 visits. Although it is not noted in the request, the patient's most recent clinical documentation noted that chiropractic care was being requested for 2 times a week for 4 weeks for the neck, low back, and right knee. California Medical Treatment Utilization Schedule does not recommend manual therapy for the knees. Additionally, the requested 8 treatments exceed guideline recommendations. The clinical documentation submitted for review does not provide any exceptional factors that would support extending treatment beyond guideline recommendations. As such, the requested Chiropractic therapy is not medically necessary or appropriate..