

<b>Case Number:</b>	CM13-0067978		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 licensed in Chiropractic Services 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 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 injured worker is a 50-year-old male who reported an injury on 09/16/2012. The mechanism of injury was not stated. Current diagnoses include musculoligamentous sprain of the cervical spine with upper extremity radiculitis, musculoligamentous sprain of the thoracic spine, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, internal derangement of the left knee, talofibular ligament sprain in the left ankle, interdigital neuroma in the left 3-4 web space, cervical disc bulge, lumbar disc bulge, medial meniscus tear in the left knee, and chondromalacia patella in the left knee. The injured worker was evaluated on 10/01/2013. The injured worker reported constant neck pain with radiation to bilateral shoulders as well as low back pain and stiffness with radiation across the buttocks and tailbone. Physical examination revealed tenderness over the medial aspect of the left knee. Treatment recommendations included therapy twice per week for 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR CERVICAL, THORACIC AND LUMBAR SPINE LEFT EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

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

**Decision rationale:** California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the spine is recommended as an option with a therapeutic trial if 6 visits over 2 weeks. The current request for 8 sessions of chiropractic therapy exceeds guideline recommendations. Additionally, treatment for the lower extremity is not recommended. As such, the request is not medically necessary and appropriate.