

<b>Case Number:</b>	CM14-0010365		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/18/2007
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Board Certified in Occupational and is licensed to practice 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 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:

This is a 57 year-old female who has reported mental illness, back and knee pain after an injury on 12/18/07. During 2013 she has been treated by an orthopedic surgeon in October and December for non-specific back, thigh, and knee pain. Diagnoses have included possible disc herniation and possible knee internal derangement. A psychologist has seen the injured worker periodically during 2013 for depression. On 12/23/13, a chiropractor noted an injury in 2007 and did not describe any current symptoms or the treatment history. Low back pain was present on the physical examination. The treatment plan included manipulation, myofascial release, infrared, EMS, and no work status. There was no mention of the prior visits or functional improvement. On 12/6/13 Utilization Review certified 6 of 12 visits of chiropractic, noting prior and recent 6 visits of chiropractic care completed. On 1/8/14 Utilization Review non-certified 12 visits of chiropractic care, noting that the California Medical Treatment Utilization Schedule (MTUS) recommends a trial of 6 visits. Utilization Review certified 6 of the 12 visits instead

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT 3X4 TO LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations. Neuromuscular electrical stimulation (NMES devices) Page(s): Pages 58-60. 121.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (MTUS) for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The MTUS states that maintenance manipulation is not recommended. Care in this is prescribed consistently over months, which implies maintenance care rather than care for flare-ups, which would occur infrequently and unpredictably. Given that the focus of manipulative therapy is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and during a course of treatment. Function is not addressed in this case. No treatment history or symptoms were described. No additional manual and manipulative therapy is medically necessary based on the lack of functional improvement after an initial trial of 6-18 visits. EMS is presumed to be the same as neuromuscular electrical stimulation, which is not recommended per the MTUS. This is another reason for lack of medical necessity.