

<b>Case Number:</b>	CM14-0130103		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 licensed Chiropractor, and is licensed to practice in Alabama and 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 55 year-old male with a recorded 5-20-13 date of injury. The accident is described as one in which the patient was pulling plywood sheets which tumbled against him resulting in complaints in: back, right knee, ribs, chest and lungs. Treatment described includes: medical evaluation, X-ray medications, CT, and MRI. Diagnoses noted include: cervical spine disc herniation 1-2 mm, multilevel lumbar spine disc bulges; right knee medial meniscus tear; thoracic spine disc bulge. The records indicate the patient was recommended for PT, Acupuncture, and Chiropractic Treatment. A 6-16-14 medical evaluation notes the patient with ongoing neck, mid back, and right knee pain not responding to therapy. Recommendation is noted for a trial of chiropractic therapy. There is an associated 6-18-14 request for chiropractic therapy 2 x week x 6 weeks. There is a 6-23-14 chiropractic SOAP note. The record notes complaint of neck pain, right knee pain, and T/S pain. Objective findings include: muscle spasm, decreased ranges of motion, and positive McMurray's test. Treatment plan includes: CMT, MX, diathermy, myofascial release, and ultrasound. There is a 7-16-14 modified utilization review determination noting recommendation for 9 Chiropractic Treatments with the utilization of combined MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 chiropractic sessions, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Upper back chapter, manipulation Official Disability Guidelines (ODG), Chiropractic guidelines

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

**Decision rationale:** Regarding manual therapy and manipulation, MTUS guidelines recommends: A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. MTUS Guidelines page 58. The request for 12 visits exceeds MTUS guideline recommendations for a trial of 6 visits. As such medical necessity of the request for 12 chiropractic visits is not supported with the application of MTUS Guidelines. Therefore, this request is not medically necessary.