

<b>Case Number:</b>	CM14-0034577		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 in 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 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 patient is a 48 year old female who was injured on 11/18/2013 when she fell to the ground at work. On initial report dated 01/10/2014, the patient complained of sharp pain in her lumbar spine with associated pain and tingling down her left lower extremity to her foot. She rated her pain as 7/10 with medication and 9/10 without medications. She experiences pain in her left knee with a pain rate of 7/10. On exam, she had sharp pain on range of motion lumbar spine upon flexion at 30/90; extension at 10/30; left rotation at 20/40; right rotation at 20/40; left lateral flexion at 20/40; and right lateral flexion at 20/40. Kemp's and Yeoman's tests were positive on the left for increased pain in the lumbar spine. Sensory testing revealed a decrease in sensation in the left L4, L5, and S1 dermatomes. She has tenderness and muscle guarding in the paralumbar and left gluteal musculature. The left knee revealed swelling and tenderness. McMurray's test was positive. Range of motion was decreased by 50% for flexion. Impressions are lumbar spine myoligamentous tissue injury with associated radicular syndrome down the left lower extremity; and left knee sprain/strain. It is recommended the patient receive chiropractic treatment at a frequency of 3 times per week for 4 weeks followed by re-examination. Prior utilization review dated 03/10/2014 states the request for 12 sessions of chiropractic treatment for the lumbar spine and left knee was not authorized. Although, a trial of 6 sessions is authorized to provide efficacy of treatment and provide evidence of functional improvement in activities of daily living or reduction in work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions Chiropractic treatment for the lumbar spine and left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request is for 12 chiropractic treatments to the lumbar spine and left knee. The MTUS Chronic Pain Medical Treatment Guidelines recommend the following regarding patients initial chiropractic treatment: "Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." This care is considered non-certified for the following reasons. The care request exceeds the guideline recommendations of initial care. The ACOEM guidelines only recommend manipulation in cases where back pain is without radiculopathy. Regarding the treatment to the left knee, ACOEM guidelines state "Manipulation does not appear to be effective in alleviating knee pain."