MAXIMUS Federal Services

| Case Number: | CM14-0037707 | | |
|---|---|---|---|
| Date Assigned: | 06/25/2014 | Date of Injury: | 10/23/2009 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/24/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

## 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 Chiropractic Care 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 49 year old female who was injured on 10/23/2009. Limited history of the injury is included in the records provided for review. She received an epidural in March 2012 with good benefit and an epicondyle trigger point injection to the left elbow was successful. The January 2013 Qualified Medical Exam was not included for review. The 7/20/2013 report by [redacted] refers only to the left upper extremity injury. The MRI on 7/18/11 showed a normal study of the cervical spine. The MRI on 7/22/11 showed the lumbar spine 2 mm disc bulges central L4-L5 and L5-S1 with mild spinal canal stenosis and L4-5. Objective Functional Capacity included: decreased range of motion of the cervical spine, left wrist and low back; along with positive orthopedic testing. Additional functional capacity loss includes inability or decreased ability to bend, exercise lying down, push a shopping cart, lean forward, prolonged sitting, standing and walking.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic physiotherapy (10 visits):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back and Neck chapters/Manipulation.

**Decision rationale:** The guidelines state that a trial of 6 chiropractic visits over 2 weeks is recommended. Then, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be provided. In this case, the request is for chiropractic physiotherapy 2 times a week for 5 weeks to the lumbar spine. The requested care does not conform to the treatment guidelines because a trial of 6 visits must be completed before additional visits can become medically necessary. The request for 10 visits exceeds the guideline recommendations. Therefore, the requested services are not medically necessary or appropriate.