

<b>Case Number:</b>	CM14-0044320		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; thirty six sessions of acupuncture, thirty six sessions of physical therapy and unspecified amounts of chiropractic manipulative therapy, per the claims administrator; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated March 14, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy apparently requested on December 19, 2013. In a March 10, 2014 progress note, the applicant was placed off of work, on total temporary disability, with ongoing complaints of knee pain. The applicant was also given a topical compounded cyclobenzaprine-ketoprofen-lidocaine cream. In a handwritten note of February 20, 2014, the applicant was again given a topical compounded cream and placed off of work, on total temporary disability. The applicant was described as having failed three prior epidural injections. Persistent complaints of low back, neck, and elbow pain were noted, along with tremors. On December 9, 2013, it appears that 12 sessions of manipulative therapy was sought. It was noted that the applicant was alleging pain secondary to cumulative trauma at work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, 3 times a week for four weeks.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: Chronic Pain Medical Treatment Guidelines Manual Therapy and manipulation Page(s): 58-59.

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

**Decision rationale:** The applicant has reportedly had unspecified amounts of chiropractic manipulative therapy over the course of the claim. While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to 18 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. In this case, however, the applicant is off of work, on total temporary disability. There has been no demonstration of treatment efficacy with earlier manipulative therapy. Therefore, the request for additional manipulative therapy is not medically necessary.