

<b>Case Number:</b>	CM14-0059053		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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 72-year-old female. She has a reported date of injury of 02/29/2008, but no historical information of such injury was provided for this review. On 12/30/2013, the patient was seen in medical follow-up evaluation and reported bilateral knee pain right greater the left, and low back pain radiating to bilateral lower extremities right greater than left. The medical provider recommended chiropractic treatment. The medical provider's primary treating physician's progress report of 03/07/2014, reports the patient presented with bilateral knee pain right greater than left, muscle pain in low back and thighs and reports electric pain low back to legs. The examination findings noted negative straight leg raise, left patella 1+ others absent, positive tenderness L5-S1, and mild spasm right paralumbars. She was diagnosed with right knee degenerative joint disease (DJD) with large osteochondral defect, left knee DJD status post unicompartmental partial knee replacement 10/17/2008, and lumbar spine degenerative disc disease L4-5 and L5-S1. The medical provider requested a course of chiropractic care to the lumbar spine at a frequency of 2 times per week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2xwk x 4wks to the Lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The request for chiropractic treatment at a frequency of 2 times per week for 4 weeks (8 visits total) for the lumbar spine is not supported to be medically necessary. The MTUS supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if return to work then 1-2 visits every 4-6 months. The submitted information does not report or deny prior chiropractic care was rendered. There is no documentation of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for chiropractic treatment at a frequency of 2 times per week for 4 weeks (8 visits total) exceeds guidelines recommendations in both frequency and duration and is not supported to be medically necessary.