

<b>Case Number:</b>	CM14-0074322		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/10/2003
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Chiropractics and is licensed to practice in California, Washington, and New Mexico. 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 60-year-old individual with an original date of injury of 11/10/03. The mechanism of injury occurred when the patient had a repetitive use type injury to her bilateral hands/arms. The recent Progress report indicates the patient complains of low back pain radiating to the left leg. The patient has been diagnosed with a lumbar disc displacement. The patient has received chiropractic treatment and physical therapy, but there is no documented objective, functional improvement noted from this treatment. An orthopedic agreed medical evaluation (AME) on 3/23/11 found the patient to be at maximum medical improvement and a permanent/stationary status as of January 2010. The disputed issue is a request for 12 chiropractic therapy sessions for the cervical and lumbar spines and right knee. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of chiropractic therapy for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation, Low Back. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic therapy.

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

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if return-to-work (RTW) achieved then 1-2 visits every 4-6 months. There is no indication that the previous chiropractic care or physical therapy provided objective, functional improvement. The request for 12 chiropractic therapy sessions for the lumbar spine is not medically necessary.

**12 sessions of chiropractic therapy for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic therapy.

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

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if return-to-work (RTW) achieved then 1-2 visits every 4-6 months. There is no indication that the previous chiropractic care or physical therapy provided objective, functional improvement. The request for 12 chiropractic therapy sessions for the cervical spine is not medically necessary.

**12 sessions of chiropractic therapy for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic therapy.

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

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if return-to-work (RTW) achieved then 1-2 visits every 4-6 months. There is no indication that the previous chiropractic care or physical therapy provided objective, functional improvement. CA MTUS does not recommend chiropractic care for the knee. The request for 12 chiropractic therapy sessions for the right knee is not medically necessary.