

<b>Case Number:</b>	CM14-0084855		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 67-year-old female who reported an injury on 07/05/2012; the mechanism of injury was not provided. On 07/21/2014, the injured worker presented with lumbar spine pain and spasm. Upon examination, there was tenderness to palpation with spasm of the lumbar spine with decreased range of motion and decreased deep tendon reflexes in the patella and Achilles with a negative straight leg raise. The diagnoses were thoracolumbar sprain/strain status post L5-S1 discectomy, status post left knee arthroscopy with residual medial compartment pain, status post medial plica excision 11/06/2012, right patellofemoral strain, possible meniscal tear, and lumbar spine. Prior therapy included joint mobilization, hot/cold packs, medications, and therapeutic exercises. The provider recommended chiropractic treatment x8 visits for the lumbar spine. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment x 8 visits, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

**Decision rationale:** The request for Chiropractic treatment x 8 visits, lumbar spine is non-certified. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 8 visits over 6 weeks to 8 weeks. There was lack of documentation in the provided documentation note tenderness to palpation with spasm over the lumbar spine and a negative straight leg raise. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. Additionally, the provider's request for chiropractic care, 8 visits, exceeds the recommendation of the guidelines. The provider's request does not include the frequency of the visits in the request as submitted. As such, the request is non-certified.