

<b>Case Number:</b>	CM14-0191586		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	06/22/1995
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Chiropractor (DC), 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 claimant is a 66-year-old male who was involved in a work injury on 6/22/1995 in which he injured his lower back and left knee. The claimant is status post left knee meniscectomy with posttraumatic arthritis, degenerative disc disease of the lumbar spine and spondylosis at L5/S1. The claimant underwent an agreed medical evaluation in 1996 where was opined that future medical to include 6-12 annual visits for chiropractic treatment for the lumbar spine can be considered appropriate. On 10/7/2014 the claimant was evaluated by [REDACTED], for complaints of an "exacerbation of signs and symptoms of the low back region and radiating to both legs. His symptoms are from 7-8 in severity of a scale of one-10 and the symptoms are chronic and debilitating. His pain continues to increase when performing functions of daily living." An examination was performed the claimant diagnosed with intervertebral disc protrusion/bulging, radicular send him to the lower limbs, foraminal stenosis, and facet hypertrophy. The recommendation was for a course of chiropractic treatment at 2 times per week for 6 weeks. Prior to presented to the office of [REDACTED] the claimant was under the care of [REDACTED], where the claimant treated on a regular basis of approximately 2 times per month from June 2013 through July 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Chiropractic Treatment 2 times a week for 6 weeks: Upheld**

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

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

**Decision rationale:** The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, this claimant was undergoing regular chiropractic treatment at approximately once every 2-3 weeks with [REDACTED]. However, there was no evidence of functional improvement as a result of the ongoing treatment. Therefore, the medical necessity for the requested 12 chiropractic treatments was not established.