

<b>Case Number:</b>	CM14-0207204		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	06/22/2007
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 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:

According to the available medical records, this is a 39 year old female with chronic pain lower back, bilateral knee and bilateral foot, date of injury is 06/22/2007. Previous treatments include medications, physical therapy, home exercise program, and chiropractic. Progress report dated 06/27/2014 by the treating doctor revealed patient has had 9 chiropractic visits with her pain remained the same, she continued to have low back, left hip, knee, and ankle pain, chiropractic therapy has not really helped. Progress report dated 09/19/2014 revealed the patient has completed another 5 chiropractic visits with helped her walk without pain and take less opiate pain medication, additional 8 chiropractic visits requested. Progress report dated 10/31/2014 revealed patient with aching in the low back, hips, knees, ankles, and feet, pain is worse with prolonged activity and better with medications and changing positions. Lumbar spine exam revealed sacroiliac joints tenderness bilaterally, paraspinals tenderness with light palpation, FROM without change. Current impressions include knee pain, left hip pain, ankle and foot joint pain, muscle pain, chronic pain syndrome, low back pain, sacroiliac joint pain. The patient is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 1x6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** The claimant presented with ongoing pain in the low back, left hip, bilateral knee, ankle and foot despite previous treatments with medications, physical therapy, chiropractic, and home exercises. Reviewed of the available medical records showed she has completed 9 chiropractic visits with no objective functional improvements, however, she continued to receive 8 more chiropractic treatments with allow her to walk without pain and decrease intake of pain medications. Her physical examination, however, remained the same before and after chiropractic treatments. The request for additional 6 chiropractic treatments exceeded the guidelines recommendation of 18 chiropractic visits over 6-8 weeks. Therefore, the request is not medically necessary.