

<b>Case Number:</b>	CM14-0207705		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Chiropractor

### 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 65-year-old male who was involved in a work injury on 4/18/2012. On 1/8/2014 the claimant was evaluated by [REDACTED], orthopedist, for complaints of neck, mid/upper back, lower back and bilateral knee pain at 7-10/10 on the visual analogue scale. The claimant was diagnosed with cervical spine disc protrusion per MRI, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain with radiculitis and disc protrusion per MRI, right inguinal hernia with associated large bowel sac versus hydrocele, bilateral knee sprain/strain, left knee complex tear of the medial meniscus per MRI, depression, anxiety, and sleep disturbance secondary to pain. The recommendation was for a course of chiropractic treatment at 2 times per week for 6 weeks. On 8/27/2014 the claimant underwent a panel qualified medical evaluation with [REDACTED], internal medicine specialist. This report indicated that the mechanism of injury was that "he and a fellow coworker were bringing discarded debris in a cart down a narrow staircase in an apartment building. His coworker lost control of his end of the load that he was supporting and entire force the load felt to [REDACTED]. He supported this heavy load by himself for 20 to 30 seconds until he was assisted by other coworkers. When the load was relieved from him, he felt pain in his lower back and right groin area. He did not relate this injury to his supervisor for fear of being terminated. However, he did take 2 days off work to recuperate, but then returned to full duties without restrictions following this. He did not seek medical attention for his back, knee pain or right inguinal pain until 2013. [REDACTED] was terminated from [REDACTED] on 4/18/2012 because he did not wear a safety harness while on a scaffold." This report indicated that the

claimant has attempted medication, physical therapy, acupuncture and "several epidural injections" that reportedly "failed to achieve lasting benefits. Many of the above interventions did lead to transit benefit, however the pain usually returned to baseline within one or 2 days." [REDACTED] only addressed the claimant's right inguinal hernia complaints. Pages 7 and 8 of the report in which the recommendations were provided were is not available for review. In November 2014 this request for 12 treatments per the 1/8/2014 progress report was denied by peer review. The rationale for denial was that there was no "objective example of functional improvement noted with the previous sessions to warrant additional treatment at this time. The number of previous sessions completed is not specified with this request to determine the medical necessity of additional treatments."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retroactive chiropractic therapy, 2 times a week for 6 weeks to the lumbar spine and bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): (s) 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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. However, given that the requested 12 treatments exceed this guideline the determination is that of non-medical necessity.