

<b>Case Number:</b>	CM15-0001789		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old female who reported an injury on 11/15/2011. The mechanism of injury reportedly occurred when the patient bent down to pick up files, twisted and felt a pain. Her diagnoses included lumbar sprain/strain and myospasms. Past treatments included physical therapy. On 11/18/2014, the injured worker was evaluated regarding her spine, left upper extremity, and bilateral lower extremities. The injured worker reported ongoing pain in the right knee with buckling, low back pain radiating, and left ulnar sided forearm pain. Physical examination revealed tenderness over the ulnar aspect of the left forearm, with normal muscle strength bilaterally. Grip strength was 60/58/60 pounds on the right and 55/59/59 pounds on the left. Physical examination of the lumbar spine revealed tenderness in the paraspinal musculature. Physical examination of the knees revealed tenderness, right greater than left. Treatment plan included physical therapy, anti-inflammatory medications, with possible Viscosupplementation. Her current medications were not included. The request was received for chiropractic therapy x6. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Chiropractic therapy x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** The request for chiropractic therapy x 6 is not medically necessary. The California MTUS Guidelines recommend up to 6 visits of manual manipulation for the low back with evidence of objective functional improvement. However, the treatment plan indicated that the therapy was for flareups, which is not recommended by the evidenced based guidelines. As the request for flare up maintenance is not recommended, the request is not supported. In addition, the request as submitted does not specify the area of the body the chiropractic therapy is for. Therefore, the request for Chiropractic therapy x 6 is not medically necessary.