

<b>Case Number:</b>	CM15-0104488		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/18/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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  
 Certification(s)/Specialty: Chiropractic

### 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 56 year old female, who sustained an industrial injury on 08/18/2011. She has reported injury to the mid and low back. The diagnoses have included thoracic spine sprain/strain; lumbar spine sprain/strain; lumbar degenerative disc disease; status post open reduction internal fixation right tibial plateau fracture with residual valgus deformity; left knee sprain/strain; and left knee osteoarthritis. Treatment to date has included medications, diagnostics, ice, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Ibuprofen, Zanaflex, Voltaren, Prilosec, and Thera Gestic Cream. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. The injured worker reported that she had completed over 40 physical therapy sessions for her right knee; had pool therapy; pain between 5-6/10 at rest, but can increase with activities, and pain can keep her awake at night; as a consequence of her antalgic gait, her left knee also hurts with prolonged walking; pain is rated 4/10; chronic painful right knee; and low back pain which radiates to the bilateral lower extremities and back and through the buttocks. Objective findings included tenderness to palpation about the thoracic and lumbar paravertebral muscles; muscle spasm in the quadratum lumborum muscle and gluteus; difficulty with heel/toe walk; performs a full squat with right knee pain greater than left knee; bilateral knee pain with range of motion and patellar grinding; and right knee valgus deformity. The treatment plan has included the request for an initial trial of 12 sessions of chiropractic care for the lumbar and thoracic spine (3 times per week for 4 weeks). The UR company has modified the request and approved a trial run of 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Chiropractic care for the lumbar and thoracic spine (3 times per week for 4 weeks):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Low Back Chapters, Manipulation Sections.

**Decision rationale:** The patient has not received chiropractic care for her thoracic and lumbar spine injury in the past. The PTP requested an initial trial of 12 sessions of chiropractic care. The UR company modified the request and approved 6 sessions. The MTUS Chronic Pain Medical Treatment Guidelines recommends an initial trial of 6 sessions of chiropractic care to the lumbar spine but is silent on the thoracic spine with additional care recommendation with evidence of objective functional improvement. The ODG Neck and Upper Back and Low Back Chapters also recommend a trial of 6 sessions of chiropractic care over 2 weeks. In this case the UR department has reviewed the request and approved 6 initial sessions per The MTUS. The 12 requested sessions exceed the recommendations of The MTUS and ODG. I find that the 12 initial chiropractic sessions requested to the thoracic and lumbar spine to not be medically necessary and appropriate.