

<b>Case Number:</b>	CM15-0106857		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 42 year old female, who sustained an industrial injury on 10/26/2011. She has reported injury to the neck, right wrist, left arm, left leg, and low back. The diagnoses have included cervicobrachial syndrome; sprain of wrist; myofascial pain syndrome; sprain of knee and leg (left); sprain meniscus tear (left); internal derangement of knee (left); and lumbar radiculopathy. Treatment to date has included medications, diagnostics, bracing, physical therapy, and chiropractic therapy. Medications have included Naproxen Sodium, Zanaflex, Lidoderm patch, Gabapentin, and Terocin patch. A progress note from the treating physician, dated 05/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of painful area over the left wrist and when she rubs and massages, the pain and spasm improve; she needs a wrist brace to help with pain that wakes her up at night; Terocin patches have been helpful; sciatica pain on the right side, along with tingling over the bottom of the foot, worse when she gets up in the morning; it is a constant pain for over a month; she has completed eight sessions of chiropractic therapy and she feels 20% improved, especially in the neck; it helps to improve her range of motion; her headaches have improved after the chiropractic sessions; and she would like to have more sessions. Objective findings included ambulation without a device; sitting and standing postures are normal; there are normal transitions from sit to stand; and mobility is normal for sit to stand transitions and for bed mobility. The treatment plan has included the request for chiropractic therapy, two times weekly for four weeks, eight sessions, lumbar and cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, 2 times wkly for 4 wks, 8 sessions, Lumbar & Cervical spine:** Upheld

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

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

**Decision rationale:** The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: "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. Elective/maintenance care "Not medically necessary. Recurrences/flare-ups." Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. Manual manipulation is recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request is for greater than 6 sessions. This does not meet criteria guidelines and thus is not certified.