

<b>Case Number:</b>	CM15-0140433		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	03/21/1983
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: 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:

This 57 year old woman sustained an industrial injury on 3-21-1983. The mechanism of injury is not detailed. Diagnoses include chronic low back pain and left lateral knee pain of unknown origin. Treatment has included oral medications, chiropractic care, and home exercise program. Physician notes dated 6/22/2015 show complaints of low back and left knee pain with tingling. Recommendations include continue chiropractic care, continue home exercise program with stretching, and follow up in six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of chiropractic treatment to the low back:** 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 and Manipulation Page(s): 58-59.

**Decision rationale:** The claimant presented with recent flare-up of her chronic lower back pain and left knee pain. Reviewed of the available medical records showed she has had 24

chiropractic treatment visits in the last 12 months for flare-up. Although evidences based MTUS guidelines might recommend 1-2 chiropractic visits every 4-6 months for flare-ups, ongoing maintenance care is not recommended. The claimant has completed in excess number of chiropractic treatment visits recommended by the guidelines, therefore, the request for additional 12 visits is not medically necessary.