

<b>Case Number:</b>	CM15-0145324		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/26/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 35 year old female, who sustained an industrial injury on 4-26-15. The injured worker was diagnosed as having right knee pain, lumbar spine pain, thoracic spine pain, myalgia, right knee sprain or strain, lumbar sprain or strain, and thoracic sprain or strain. Treatment to date has included medications. Currently, the injured worker complains of thoracic spine pain, lumbar spine pain, and right knee pain. The treating physician requested authorization for chiropractic manipulation, an initial trial of 12 sessions for the thoracic or lumbar spine and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulations 2x/week for 6 weeks (Thoracic/lumbar spine, right knee):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

**Decision rationale:** The patient has not received chiropractic care for her industrial injuries in the past. The patient has been seen once by a chiropractor for evaluation purposes. The past chiropractic visit note is present in the materials provided and was reviewed. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of manipulation over 2 weeks. The ODG also recommends the same for the neck and upper back. The MTUS and ODG do not recommend manipulation for the knee. The treating chiropractor is requesting a number of sessions which exceeds The MTUS recommendations by 6 sessions. I find that the 12 initial chiropractic sessions requested to the thoracic spine, lumbar spine and right knee is not medically necessary or appropriate.