

<b>Case Number:</b>	CM15-0169331		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/09/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 05-09-2015. He has reported injury to the right knee and low back. The diagnoses have right knee sprain-strain; acute lumbosacral sprain-strain; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, moist heat, bracing, injections, and physical therapy. Medications have included Norco and Cyclobenzaprine. A progress report from the treating physician, dated 08-07-2015, documented an evaluation with the injured worker. The injured worker reported constant severe pain in the low back and stiffness radiating to the bilateral legs; the pain is described as dull, achy, sharp, stabbing, and throbbing; the pain is rated at 8-9 out of 10 in intensity; occasional mild pain in the right knee; the pain is described as dull and achy with stiffness; the pain is rated at 3 out of 10 in intensity; he is currently taking Norco for the pain; and he is allergic to Ibuprofen. Objective findings included he does not use assistive devices or supports; motor strength is 5+ out of 5 bilaterally in the lower extremities; there is tenderness to palpation of the lumbar paravertebral muscles and right gluteus; lumbar ranges of motion are decreased; and there is no bruising, swelling, atrophy, or lesion present at the right knee. The treatment plan has included the request for chiropractic therapy, 2 times a week, lumbar spine quantity: 8; and chiropractic therapy, 2 times a week, right knee quantity: 8. The original utilization review, dated 08-17-2015, partially approved the request for 6 sessions of chiropractic therapy for the lumbar spine (original request for 8), due to guideline recommendation for six sessions for the spine; and non-certified a request for chiropractic therapy, 2 times a week, right knee quantity: 8, due to guidelines not recommending chiropractic treatment for the knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, 2 times a week, lumbar spine Qty: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic low back pain despite previous treatments with medications, injections, and physical therapy. According to the available medical records, there is no chiropractic therapy to date. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 8 visits exceeded the guidelines recommendations. Therefore, without first demonstrating objective functional improvement with the trial visits, the request for 8 visits is not medically necessary.

**Chiropractic therapy, 2 times a week, right knee Qty: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with right knee pain despite previous treatments with bracing, medications, injections, and physical therapy. Although evidences based MTUS guidelines might recommend a trial of 6 visits over 2 weeks for low back pain, chiropractic manipulation is not recommended for the knee. Therefore, the request for 8 chiropractic visits for the right knee is not medically necessary.