

<b>Case Number:</b>	CM15-0190360		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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:

This is a 39 year old male who sustained a work-related injury on 8-5-11. Medical record documentation on 8-21-15 revealed the injured worker was being treated for headaches, low back pain, lumbar spine disc displacement and herniated nucleus pulposus, lumbar spine radiculopathy, status post right knee arthroscopy, right knee medial meniscal tear, and right ankle joint derangement. He reported low back pain with radiation of pain to the bilateral lower extremities. He rated the low back pain a 5-6 on a 10-point scale (6 on 7-20-15). He had residual pain status post right knee arthroscopy and rated the pain 7-8 on a 10-point scale (8 on 7-20-15). It was noted the injured worker had three epidural injections with slight relief. Objective findings indicated the injured worker was able to heel-toe walk and had pain with heel walking. He was able to squat to approximately 15% of normal due to pain in the low back. He had tenderness to palpation over the posterior superior iliac spine and had bilateral lumbar paraspinal muscle guarding and 2+ tenderness to palpation over the sacrotuberous ligaments. His lumbar spine range of motion was flexion to 20 degrees, extension to 15 degrees, left lateral flexion to 15 degrees, right lateral flexion to 5 degrees and bilateral rotation to 20 degrees. He had positive bilateral straight leg raise and Braggard's tests. His right knee had a +1 effusion and tenderness to palpation over the medial joint line and the lateral joint line. His right knee range of motion was flexion to 100 degrees. He had positive McMurray's and Lachman's tests. An MRI of the lumbar spine on 6-23-15 revealed straightening of the lumbar lordotic curvature with limited range of motion in the flexion and extension positions, Levoconvex lumbar scoliosis and disc desiccation of L1-L2 and L5-S1 with decreased disc height at L5-S1. A request for 54 sessions of

chiropractic therapy was received on 8-25-15. On 8-31-15, the Utilization Review physician determined 54 sessions of chiropractic therapy for the lumbar spine and right knee was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic treatment, quantity: 54 sessions:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Knee/Manipulation.

**Decision rationale:** The patient has received chiropractic care for his lumbar spine and right knee injury in the past. The PTP's progress note dated 7/20/15 states that "the patient is to continue with chiropractic therapy." The PTP also requests 18 sessions of additional chiropractic care in that progress note. The number of sessions requested is either 18 or 54 as this has not been made clear on the IMR application. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS and ODG do not recommend manipulation for the knee. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. Whether 18 or the 54 sessions of chiropractic care are being requested they far exceed The MTUS and ODG recommendations. The PTP does not indicate the reason for requesting such a large number of visits. I find that the 54 additional chiropractic sessions requested to the lumbar spine and left knee not medically necessary or appropriate.