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| <b>Case Number:</b>   | CM15-0034833 |                              |            |
| <b>Date Assigned:</b> | 03/03/2015   | <b>Date of Injury:</b>       | 01/06/2014 |
| <b>Decision Date:</b> | 04/14/2015   | <b>UR Denial Date:</b>       | 02/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/24/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 53 year old female, who sustained an industrial injury on 1/6/2014. She has reported injury to the neck, lower back and right knee. The diagnoses have included lumbar sprain, dislocation of the knee, lumbago, cervicgia, thoracic or lumbar disc displacement, intervertebral disc disorder, spinal instability L5-S1 and radiculopathy, and cartilage or meniscus tear of the knee. Treatment to date has included medication therapy, physical therapy, and chiropractic therapy. Currently, the IW complains of right knee pain, muscle spasms in the neck and back pain. On 1/6/15, the physical examination documented tenderness of cervical neck and lumbar muscles with spasms, tight knee with positive effusion and positive McMurray's sign with limited Rom. The plan of care was for additional chiropractic treatment for cervical and lumbar spine. On 2/12/2015, Utilization Review modified certification for six (6) additional chiropractic sessions. The MTUS Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of additional twelve (12) chiropractic sessions for lumbar spine twice a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 additional outpatient chiropractic manipulation for the lumbar spine, 2 sessions per week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Based on the 2/3/15 progress report provided by the treating physician, this patient presents with improved neck/lower back pain, and ongoing right knee pain. The treater has asked for 12 ADDITIONAL OUTPATIENT CHIROPRACTIC MANIPULATION FOR THE LUMBAR SPINE, 2 SESSIONS PER WEEK FOR 6 WEEKS on 2/3/15. The patient's diagnosis per Request for Authorization form dated 1/9/15 include lumbar HNP cervical HNP, and right knee meniscal tear. The patient has not had any surgeries to the lumbar spine per review of reports dated 9/18/14 to 2/3/15. The 10/27/14 report states that previous chiropractic treatment has been helpful. Review of reports dated 9/18/14 to 2/3/15 do not specify the number of previous chiropractic treatments. The utilization review letter dated 2/12/15 states that the patient reported improvement of lower back pain after chiropractic treatment, but also does not specify number of sessions completed. The patient's work status is off work until the next appointment per 1/6/15 report. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Per progress report dated 2/3/15, treater is "requesting authorization for a course of chiropractic therapy 2 x 6 weeks 12 visits @ [REDACTED] to continue c/s and l/s improvement. The number of prior chiropractic treatments are not included in the reports, but there is documentation of improvement of back pain. The last documentation of improvement from chiropractic treatments was on 10/27/14, more than 12 weeks ago. MTUS allows up to 18 visits over 6-8 weeks with evidence of functional improvement. In this case, the patient had some improvement from a course of chiropractic treatment 3 months ago, which is outside the 6-8 week timeframe given by MTUS for additional sessions. The patient has not returned to work, either. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. The requested additional 12 chiropractic treatments is not indicated per MTUS guidelines. The request IS NOT medically necessary.