

<b>Case Number:</b>	CM15-0035113		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/26/2015
<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: 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 59 year old male, who sustained an industrial injury on 05/15/2012. He has reported subsequent back and knee pain and was diagnosed with lumbar spine myofascitis with radiculitis and left knee internal derangement. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 12/08/2014, the injured worker complained of back, left knee and right ankle pain. Objective examination findings were notable for tenderness to the left hamstring and posterior left knee and limited range of motion of the left knee. A request for authorization of chiropractic therapy for the lower back was made. On 01/26/2015, Utilization Review non-certified a request for 8 additional chiropractic sessions, noting that there was no evidence of therapeutic benefit from previous chiropractic therapy visits. ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 8 Chiropractic Sessions for the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic treatment for Neck or Low Back Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months  
Page(s): 58-59.

**Decision rationale:** The claimant presented with persistent low back pain and left knee pain. Reviewed of the available medical records showed he has had 4 chiropractic visits with no evidences of objective functional improvement. Progress report dated 12/30/2014 by the treating doctor noted patient continue to have 9/10 low back pain, myofascitis, and limited ROM. Based on the guidelines cited, the request for additional 8 chiropractic sessions for the lumbar spine is not medically necessary.