

<b>Case Number:</b>	CM15-0046019		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 55 year old female, who sustained an industrial injury on 8/26/13. She has reported neck, right hip, right knee, left knee pain and low back pain. The diagnoses have included right hip pain, lumbar radiculopathy, cervical and thoracic myofascial pain. Treatment to date has included medications, acupuncture 4 sessions in 2013 and additional 12 acupuncture sessions in 2014, 8 physical therapy sessions, activity modifications, lumbar spine orthosis, conservative measures and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, as per the physician progress note dated 2/9/15, the injured worker complains of neck, right hip, right knee, left knee and low back pain rated 5-6/10 on pain scale. She also complains of headache and bilateral upper and lower extremity symptoms. The current medications included Cyclobenzaprine, Tramadol, and Celebrex. She states that the medications facilitate improved tolerance to a variety of activity. The physical exam revealed tenderness right hip with limited range of motion due to pain, swelling of the right knee, cervical range of motion was limited due to pain, tenderness of the lumbar spine with decreased range of motion, positive straight leg raise right side for pain to foot and left for pain to distal calf. The spasm of the lumbarparaspinal muscles has decreased. The requested treatment included Chiropractic 3 times a week x4 weeks for the right hip and lumbar spine, Qty: 12.00, request for additional acupuncture and right knee hinged brace. Work status was temporary totally disabled for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro #1 3x4 for the right hip and lumbar spine, Qty: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, physical medicine Page(s): 65.

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

**Decision rationale:** The 55 year old patient complains of right hip and bilateral knee pain, rated at 6/10, and cervical and lumbar pain, rated at 5/10, as per progress report dated 02/09/15. The request is for Chiro # 1 3 X 4 for the Right Hip and Lumbar Spine, Qty: 12:00. There is no RFA for this case and the patient's date of injury is 08/26/13. The cervical pain radiates to upper extremities, right greater than left, and the lower back pain is accompanied by right or left lower extremity symptoms, as per progress report dated 02/09/15. Diagnoses included edema around right gluteus minimus tendon, right lumbar radiculopathy, cervical pain with right upper extremity symptoms, and thoracic myofascial pain. The patient is temporarily totally disabled, as per the same progress report. 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. In this case, the patient has not received chiropractic care in the past, as per progress report dated 12/15/14. The treating physician is requesting for 12 sessions of chiro with a "multidisciplinary approach." In the most recent progress report dated 02/09/15, the physician is requesting for 18 sessions of chiropractic treatment with emphasis on "active therapy." MTUS, however, recommends a trial of 6 visits. Additional sessions will require an evidence of objective reduction in pain and improvement in function. Hence, the request for 12 sessions is not medically necessary.