

<b>Case Number:</b>	CM15-0052232		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Minnesota  
 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 37 year old male, who sustained an industrial/work injury on 2/1/12. He reported initial complaints of neck, back, right shoulder, and bilateral knee pain. The injured worker was diagnosed as having headache, cervical disc protrusion/radiculopathy, sprain/strain; thoracic disc protrusion, myospasm; lumbar disc protrusion/ myospasm/radiculopathy; shoulder impingement syndrome/shoulder sprain/strain; and left knee internal derangement/sprain/strain. Treatment to date has included medication, surgery (s/p left carpal tunnel release on 8/21/06, lumbar decompression and fusion on 9/25/12, left knee surgery on 1/30/15), chiropractic therapy. MRI results were reported on 10/28/13. Currently, the injured worker complains of constant 7/10 achy neck pain and numbness, constant 8/10 sharp, stabbing, upper/mid back pain, constant severe to 8/10 achy, sharp, stabbing low back pain, activity dependent moderate to 7/10 stabbing right shoulder pain, moderate to 7/10 stabbing right knee pain, constant severe 9/10 achy, throbbing left knee pain and loss of sleep due to pain. Per the primary physician's progress report (PR-2) on 2/2/15, examination revealed cervical/thoracic range of motion is decreased, tenderness to palpation of the paravertebral muscles and spasm, positive cervical compression; tenderness to palpation of the anterior/lateral/posterior shoulder and supraspinatus, supraspinatus press is positive; right knee has knee brace (as well as for left knee) with decreased range of motion, tenderness with palpation to the anterior/lateral/medial/posterior knee, McMurray's is positive; left knee has healing surgical portals, using crutches and brace to ambulate, positive diffuse swelling, decreased range of motion, tenderness with palpation, and McMurray's causes pain. The requested treatments include Chiropractic treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic), Official Disability Guidelines -Knee and Leg (Acute & Chronic).

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested chiropractic treatment 2 times per week for 4 weeks to an unspecified area of treatment. ( The lumbar spine has had lumbar decompression and fusion on 9/25/12 and not likely a candidate for manipulation.) The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.