

<b>Case Number:</b>	CM15-0055919		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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, 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 64 year old male who sustained a work related injury April 1, 2012. While working as a packer, he developed pain in his lumbar spine. He received x-rays, MRI and nerve tests, along with medications and a neck injection. MRI of the elbow performed November 24, 2014, revealed partial tear of common extensor tendon at lateral epicondyle, minimal joint effusion at the humeroulnar and humeroradial joints, subchondral cyst erosion at the capitellum (report present in medical record). There is a primary treating physician's progress report, dated January 6, 2015, present in the medical written but handwritten and all not legible to this reviewer. The injured worker presented with pain in the right elbow, bilateral knees, cervical and lumbar spine. Diagnoses included cervical spine herniated disc; lumbar spine herniated disc; bilateral knee osteoarthritis; and right elbow lateral epicondylitis. Treatment plan included requests for medications including creams, chiropractic treatments and acupuncture (from a check off list).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 4 weeks Cervical Spine, Lumbar Spine, Bilateral Knees, Right Elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and cervical spine) 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 requested Chiropractic 2 times a week for 4 weeks for the cervical spine, lumbar spine, bilateral knees and right elbow. The requested treatment for the cervical and lumbar spine is not according to the above guidelines and is therefore not medically necessary. Treatment of manipulation to the knee and elbow is not recommended and therefore is not medically necessary.