

<b>Case Number:</b>	CM15-0087664		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Chiropractic

### 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 female with an industrial injury dated 07/12/2011. The mechanism of injury is documented as a fall with injury to hands and knees. Her diagnosis was lumbar spine severe stenosis, left greater than right at lumbar 4-5 and lumbar 5-sacral 1. Prior treatment included physical therapy, left total knee arthroplasty and left shoulder arthroscopic surgery. She presents on 10/17/2014 (most complete and recent note available) with complaints of lumbar spine and left knee pain. She rates the low back pain as 9/10 and left knee pain as 8/10. Most recent MRI of lumbar spine showed a 3 mm protrusion at lumbar 3-4 producing moderate foraminal stenosis and a 3 mm disc protrusion producing moderate to severe left stenosis at lumbar 5-sacral 1. Physical examination revealed paraspinal muscle tenderness in the lumbar spine with positive straight leg raise. There was mild tenderness in the left knee without effusion. There is an office note dated 01/30/2015 in which the provider notes the injured worker has knee and back pain but is doing better. Treatment plan included referral to a chiropractic specialist and chiropractic treatment. The PTP is requesting an initial trial of 18 sessions of chiropractic care to the lumbar spine. The UR reviewer has modified the request and approved an initial trial of 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 3 times per week to the Lumbar Spine Qt 18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section.

**Decision rationale:** The patient has never received chiropractic care for her low back injury. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. The ODG Low Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." The patient has not received chiropractic care and is about to start a trial of care. If objective functional improvement is evidenced additional care may be approved. The UR reviewer in this case has approved 6 initial sessions per The MTUS Guides. The 18 requested sessions far exceed the MTUS recommendations. I find that the initial trial of 18 chiropractic sessions requested to the lumbar spine to not be medically necessary or appropriate.