

<b>Case Number:</b>	CM14-0135106		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old male with reported date of injury on 01/06/2009. The patient reportedly developed neck, mid back, low back and left knee pain as a result of the strenuous and repetitive physical activities associated with his work duties, which included prolonged sitting and walking, repetitive lifting, carrying, pushing and pulling of had the equipment. On 01/06/2009, he was the restrained front passenger of the company van being driven by a coworker, when they were rear-ended by another vehicle on the freeway. As a result of that accident, he aggravated his neck, mid back, low back, and bilateral knees. Treatment history indicates on 04/30/2009 the patient was placed on temporary total disability, and he was started on a course of chiropractic treatment and physical therapy. The patient was determined permanent and stationary 03/10/2011. In orthopedic consultation on 06/19/2012, the patient reported 8-9/10 cervical pain and 8-9/10 lumbar pain. Diagnoses were noted as 1. Spinal stenosis L2-3, 2. Lumbar spine herniated nucleus pulposus L2-3 and L5-S1 with annular tear, 3. Cervical spine herniated nucleus pulposus C3-4, C4-5, 4. Mechanical radicular back syndrome and Bilateral lower extremity radiculopathy. In orthopedic consultation on 06/12/2014, the patient reported 8/10 neck pain the same since his last visit, 8/10 low back pain decreased from 9/10 last visit, 5/10 right knee pain and 7/10 left knee pain decreased from 8/10 last visit. By examination cervical spine grade 3-4 tenderness, grade 3-4 palpable spasm, and restricted range of motion were noted. By examination grade 3-4 lumbar spine tenderness, grade 3-4 palpable spasm, restricted range of motion, and straight leg test positive bilaterally were noted. By examination left knee grade 3 tenderness to palpation was noted. Diagnoses were noted as 1. Exacerbation of cervical spine pain, 2. Exacerbation of lumbar spine pain, 3. Status post 2 levels discectomy on 09/19/2012, 4. Status post L2-3 posterior lumbar interbody laminectomy and discectomy on 03/06/2013, 5. Exacerbation of left knee pain, synovitis, 6. Right knee and ankle synovitis

secondary to altered gait, 7. Patellar tendinosis per MRI, 8. Pilonidal cyst, aggravated, 9. Gastropathy secondary to medication, and 10. Depression, worsening. The treatment plan included continuation of chiropractic and aquatic therapy. This patient has participated in numerous sessions of chiropractic care, PT, and aqua therapy, without measured objective evidence of functional improvement with care rendered.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiro therapy lumbar and right knee 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 14 Ankle & Foot.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** MTUS guidelines supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. MTUS guidelines does not support the request for chiropractic treatment of knee complaints. MTUS guidelines report the following: Manual therapy and manipulation are not recommended in the treatment of knee complaints. The patient has treated with chiropractic care since at least 04/30/2009. There is no evidence of measured objective functional improvement with a trial of up to 6 visits over 2 weeks of manual therapy and manipulation, there is no evidence of a recurrence/flare-up, there is no measured documentation of prior treatment success, and elective/maintenance care is not supported; therefore, the request for 12 additional chiropractic treatment sessions to the lumbar spine exceeds guidelines recommendations and is not supported to be medically necessary. MTUS does not support medical necessity for the requested 12 sessions of chiropractic treatment of the patient's knee complaints and does not support medical necessity for the requested 12 sessions of chiropractic treatments to the lumbar spine.