

<b>Case Number:</b>	CM14-0148915		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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, has a subspecialty in Acupuncture and is licensed to practice in New York. 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:

Upon review of the medical records the claimant is a 55 year old female whom sustained an industrial injury that occurred on 9/17/10 while employed by [REDACTED]. The applicant cut her hand on a can lid resulting in tendon and nerve damage while lifting a trash bag. Thus far treatment has consisted of acupuncture treatment and physical therapy treatment. Upon review of a medical examination form dated 3/17/14 the applicant presented with lumbar spine pain rated a 7/10 without any radicular symptoms of the lower extremities. There was lumbar tenderness. The applicant was able to work with modified duties. In review of medical report dated 4/14/14 the claimant presented with subjective complaints of lower back pain that is sharp, constant, throbbing with numbness and tingling. Lumbar ranges of motion were indicated as being decreased in all planes of motion. Lumbar spinal muscle testing was graded 3/3 bilaterally from L1-S2. In a utilization review report dated 8/14/14, the reviewer determined that the proposed chiropractic treatment three times per week for four weeks was not medical necessary and non-certified. The applicant underwent a right thumb repair and digital nerve repair surgery on 10/5/10. The reviewer also indicated that on 1/17/12 the claimant was evaluated for complaints of low back pain and right thumb pain and diagnosed with status post thumb tendon repair, residual pain and lumbar sprain/strain. Six acupuncture treatments were authorized to the lumbar spine. Based upon the CA MTUS Medical Treatment Guidelines, the reviewer determined the requested chiropractic treatment 3x4 exceeds the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments to the lumbar spine, 3 times a week times 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation Chapter Page(s): 58-60.

**Decision rationale:** The claimant is a 55 year old female whom sustained an industrial injury that occurred on 9/17/10 while employed by [REDACTED]. The applicant cut her hand on a can lid resulting in tendon and nerve damage while lifting a trash bag. Thus far treatment has consisted of acupuncture treatment and physical therapy treatment. The CA MTUS Chronic Pain Medical Treatment Guidelines-- 8.C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation, pages 58-60, recommend chiropractic treatment to the low back as an option with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The requested 12 sessions (3x per week for 4 weeks) of chiropractic treatment to the lumbar spine is not medically necessary and not sanctioned under the MTUS Chronic Pain Medical Treatment Guidelines-Manual Therapy and Manipulation Section. In this point in time the 12 requested treatments would be excessive and exceeds the guidelines and not medically necessary, therefore not certified. The guidelines do not allow a modification in treatment.