

<b>Case Number:</b>	CM15-0000699		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: 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 was a female, who sustained an industrial injury, on July 4, 2012. The injured worker's chief complaint, on December 8, 2014, was lumbar spine pain. The injured worker was diagnosed with lumbosacral strain, bilateral knee contusions/patellafemoral syndrome and patellafemoral osteoarthritis, cervical strain and thoracic strain. The injured worker had right shoulder surgery, postoperative physical therapy, pain medications, chiropractic services, bilateral knee surgeries, hot and cold therapy, TENS unit and home exercises. On December 8, 2014, the primary provider requested six chiropractic services for an acute flare-up for symptoms to the lumbar spine. On December 26, 2014, the UR denied Chiropractic 2 times a week for 3 weeks for the lumbar spine. The denial was based on the MTUS Chronic Pain Medication Guidelines for Manual therapy & Manipulation recurrence flare-ups need reevaluation treatment success, evidence of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 x 3 to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

**Decision rationale:** The claimant presented with acute flare-up of her chronic low back pain. Previous treatments for the lumbar spine include medications, physical therapy, chiropractic, and home exercises. MTUS guidelines recommended 1-2 visits every 4-6 months for flare-ups. Therefore, the request for 6 chiropractic therapy visits exceeded the guidelines recommendation, and not medically necessary.