

<b>Case Number:</b>	CM15-0124988		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 40 year old male, who sustained an industrial injury on 8/14/13. He reported injury to his lower back after a fall. The injured worker was diagnosed as having lumbago, lumbar radiculitis and knee pain. Treatment to date has included Norco, Flurbiprofen, Zanaflex and physical therapy with no benefit. As of the PR2 dated 5/15/15, the injured worker reports pain in the lower back and right knee. He rates his pain a 7/10 with medications. Objective findings include tenderness to palpation at the lumbar facet joint, decreased lumbar range of motion and swelling in the right knee. The treating physician requested chiropractic therapy x 1 session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 chiropractic therapy session:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back 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 has requested 1 chiropractic therapy session to an unspecified area (most likely low back and/or knee according to the records) for an unknown period of time. 1 chiropractic session to the low back does fall within the above guidelines and therefore the requested treatment of one chiropractic session is medically necessary. (The above guidelines do not recommend chiropractic manipulation to the knee.) For future treatment the doctor must show objective functional improvement in the documentation form prior treatment.