

<b>Case Number:</b>	CM15-0125720		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/11/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/08/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 42-year-old male, who sustained an industrial injury on 1/11/14. The injured worker has complaints of low back pain. The documentation noted that the injured worker is able to flex his neck to 35 degrees, extension to 35 degrees, right and left lateral flexion to 10 degrees and right and left rotation to 70 degrees with pain in the cervical paravertebral muscles. The documentation noted that the lumbar spine range of motion, flexion is 60 degrees, extension is to 5 degrees and right left lateral bending is to 10 degrees with increased low back pain. The diagnoses have included cervical spine myoligamentous sprain/strain; L3 right transverse process fracture; lumbar disc protrusion, L5-S1 (sacroiliac); left S1 (sacroiliac) radiculopathy; right knee grade 1 medial collateral ligament sprain and right ankle sprain. Treatment to date has included chiropractic treatment; magnetic resonance imaging (MRI) of the lumbar spine performed on 2/19/14 shows a 4-5 millimeter disc protrusion at L5-S1 (sacroiliac) with partial osteophytic ridging impinging on the left S1 (sacroiliac) nerve root, there is a small disc bulge at L4-5; magnetic resonance imaging (MRI) of the right knee on 2/19/14 showed moderate to high-grade partial tear of the medial collateral ligament, there is reactive marrow edema at the femoral insertion of the medial collateral ligament, bone contusion in the medial aspect of the proximal tibia and subchondral marrow edema in the medial femoral condyle consistent with bone contusion; norco and flexeril. The request was for eight chiropractic/physiotherapy sessions for the lumbar and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight chiropractic/physiotherapy sessions for the lumbar and cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Eight chiropractic/physiotherapy sessions for the lumbar and cervical spine is not medically necessary per the MTUS Guidelines. The MTUS recommends 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 documentation indicates that the patient has had prior chiropractic care, however there is no evidence of significant objective functional improvement that would necessitate 8 more supervised sessions. Therefore, this request is not medically necessary.