

<b>Case Number:</b>	CM15-0074511		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Massachusetts

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

### 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 29 year old female who sustained an industrial fall injury on 03/18/2013. The injured worker was diagnosed with left knee tenosynovitis, hand/wrist tenosynovitis, thoracic myalgia/myofascitis, thoracalgia, left muscle spasm and lumbar myositis. Treatment to date includes diagnostic testing, conservative measures, chiropractic therapy and medications. According to the primary treating physician's progress report on March 2, 2015, the injured worker continues to experience low back pain and bilateral wrist pain. The injured worker rated her low back pain at 5/10 associated with pain radiating bilaterally to the buttocks, hips, feet and toes. Her left wrist pain radiates to the left elbow and fingers and rates it as 2/10. Examination of the lumbar spine demonstrated tenderness and hypertonicity with trigger points in the erector spine bilaterally. Straight leg raise and Kemp's test was positive bilaterally. Tenderness was present in the sacro tubercles with myofascial trigger points of the gluteus bilaterally. Examination of the wrists demonstrated tenderness of the navicular with negative Phalen test bilaterally and full range of motion. Sensory, motor, reflexes and grip strength was intact. Current medications are listed as Tramadol, Anaprox and Prilosec. Treatment plan consists of medications and the current request for spinal manipulation once a week times 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 spinal manipulation 1 time for 4 weeks left wrist: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 58.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for bilateral wrist and low back pain. When seen, there was tenderness and trigger points were present throughout the spine. There was decreased and painful range of motion. Physical therapy and 4 chiropractic treatments for the spine were requested. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is within the guideline recommendation and therefore medically necessary.