

<b>Case Number:</b>	CM15-0097686		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: 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 is a 51 year old male, who sustained an industrial injury on 4/01/2004. The mechanism of injury was not noted. The injured worker was diagnosed as having discogenic lumbar condition with disc disease and extrusion at L4-5, and recent magnetic resonance imaging showing bulges at L3-4 and L4-5, along with facet changes at L3-S1, discogenic cervical condition, internal derangement of the left knee, trigger fracture along the left heel, depression treated with medication, right shoulder impingement syndrome, and weight gain of 50 pounds due to chronic pain and inactivity. He was also diagnosed with major depressive disorder, single episode, moderate, and generalized anxiety disorder. Treatment to date has included diagnostics, trigger point injections, knee brace, physical therapy, transcranial magnetic stimulation, unspecified chiropractic, and medications. Currently, the injured worker complains of pain along his low back, with increasing pain down his lower extremities. Electromyogram was documented to show neuropathy in the past. Instability and positive drawer test was noted in the left knee. He reported that his back brace was worn out. Tenderness of the rotator cuff (unspecified) was documented. He was minimizing chores around the house, with limitation of prolonged sitting, standing, and walking. An examination of his lumbar spine was not noted. His current medication regime was not noted, and he was prescribed Naproxen, Effexor SR, Flexaril, Protonix, and Tramadol ER. He was not working. The treatment plan included repeat magnetic resonance imaging of the lumbar spine, chiropractic treatments x12 to address his low back, noting that the injured worker would like to avoid injections. Urine drug screen, 1/09/2015, was inconsistent with prescribed medications. The progress report, dated 1/09/2015,

referenced an issue with chiropractic care expiring prior to his completion of the remaining 3 sessions. 5 chiropractic progress notes were submitted (2/17/2014 to 6/24/2014), noting that he was responding favorably to treatment and progressing as expected. No improvement in symptoms was documented.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic Manipulation x12:** Upheld

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

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

**Decision rationale:** The claimant presented with chronic pain in the neck, back, shoulder, and knee despite previous treatments with medications, bracings, injections, physical therapy, transcranial magnetic stimulation, and chiropractic. Reviewed of the available medical records showed the claimant has had at least 9 chiropractic visits with no evidences of objective functional improvement. is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary. Recurrences/flare-ups, Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months, pages 58-59. Reviewed of the chiropractic progress reports showed no improvement in subjective complaints and no changes in objective findings. Based on the guidelines cited, the request for additional 12 chiropractic visits is not medically necessary.