

<b>Case Number:</b>	CM13-0002393		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/10/2013
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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. The expert reviewer is a Licensed and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38 year old female who was injured on 02/10/2013. The mechanism of injury is due to blinds falling off of a window while she was cleaning a nightstand, striking her on the back. Prior treatment history has included 18 chiropractic therapy with 17 completed to date, medication therapy including Flexeril 10 mg oral tablet once daily, ibuprofen, and Nucynta ER 50 mg. Diagnostic studies reviewed include MRI of the lumbar spine, three views performed on 02/10/2013 revealed possible small right renal calculus versus gallstone and negative lumbar spine. Patient charting note dated 08/07/2013 indicated since the patient's last exam, her condition has not improved. The patient presented with pain. The quality of discomfort is aching, sharp, throbbing. The pain score on the visual analog score of 0-10 is 7. The patient states that the pain is constant. The patient states that the pain is aggravated by bending. The patient states that the pain is alleviated with medications. Objective findings on exam revealed the back shows no deformity or tenderness. No spinal shift noted. Her range of motion is normal. Treatment plan was for the patient to return to work on full duty and discharged from care as of 08/07/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 VISITS OF ADDITIONAL CHIROPRACTIC THERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the California MTUS guidelines, chiropractic care is recommended for achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patients' therapeutic exercise program and return to productive activities. This has been demonstrated. However, regarding the frequency of treatment the guidelines indicate that frequency should be 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition and then 1 treatment per week for the next 6 weeks. The request for 8 visits is within the scope of the guidelines recommendation but exceeds the limits outlined in the labor code. Therefore, the request for eight visits of additional chiropractic therapy is not medically necessary and appropriate.