

<b>Case Number:</b>	CM13-0003688		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	03/22/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/26/2013

### 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 licensed in Chiropractic Care and is licensed to practice in Texas. 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 48-year-old female who reported an injury on 01/25/2012 due to a slip and fall that reportedly caused injury to the low back, cervical spine and right shoulder. Previous treatments included chiropractic care, physical therapy, acupuncture and medications. The only evaluation and documentation of treatment in 2013 was noted on 2 physical therapy notes, one dated 04/17/2013, and the second dated 04/19/2013. No recent clinical documentation from 2013 was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care for the cervical and lower back (8 sessions): Upheld**

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

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

**Decision rationale:** The requested chiropractic care for the cervical spine and low back is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously received chiropractic care. The efficacy of that care is not determined within the documentation. Additionally, the California Medical Treatment

Utilization Schedule only recommends 1 to 2 visits for acute exacerbations of back pain. The request exceeds this recommendation. There are no exceptional factors noted within any documentation submitted for this review to support extending treatment beyond guideline recommendations. There was no documentation from 2013 that identified physical deficits that may benefit from further chiropractic treatment. This treatment modality would not be indicated. As such, the requested 8 sessions of chiropractic care are not medically necessary or appropriate.