

<b>Case Number:</b>	CM13-0025865		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/27/2003
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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 and Acupuncture 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:

Claimant is a 58 year old male who was involved in a work related injury on 5/27/2003. His primary diagnoses are disc degeneration, lumbar subluxation, and cervical subluxation. According to a PR-2 submitted on 11/14/13, the claimant has low back pain and left leg and heel pain. The pain scale is 7/10 and he also has neck and upper back pain to the right shoulder. He has decreased lumbar and cervical range of motion. He has had extensive chiropractic visits over the last year and over the lifetime of the injury. He has had requests for chiropractic in 10/2012, 2/2013, 5/2013, and 8/2013. He has had at least 19 chiropractic visits since October 2012. There are no objective functional gains noted with the treatments in the submitted documentation or clear documentation that the current request is a flareup.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation #8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to evidence based guidelines, further chiropractic visits after an initial trial are medically necessary based on demonstrated functional improvement. Functional improvement is Final Determination Letter for IMR Case Number [REDACTED] defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has no documented functional improvement from his last set of chiropractic treatment. It is also unclear whether this is a request for treatments for a flareup of his condition or for maintenance care. There is no documentation of re-injury or exacerbation and the claimant seems to be approximately the same over the last year. If this is a request for a flare-up, guidelines recommend 1-2 visits every 4-6 weeks. The request thus exceeds the quantity allowed for a flareup. Therefore, the service is not medically necessary based on the lack of documented functional improvement and the number of visits requested.