

<b>Case Number:</b>	CM13-0032680		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/25/1991
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

██████████ is a 54-year-old male who reportedly suffered an injury to his low back on February 25, 1991. He has been diagnosed with cervicalgia, lumbar degenerative disc disease, sacroiliac sprain/strain, lumbar radiculopathy and chronic pain. Request was to determine the medical necessity of chiropractic care one time a week for six weeks. The records reflect that this gentleman has been under care for a lengthy period of time for his ongoing pain complaints. He rates his pain between 6 and 10 on a 0 to 10 pain scale and has continued to experience pain in spite of nerve blocks, epidural steroid injections, physical therapy, TENS unit, psychiatric therapy and extensive medical management including ongoing narcotic medication. Reportedly this patient has also had chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic visits x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The information provided suggested this claimant has been treated with chiropractic care in the past. There is no documentation as to the frequency, the number of visits,

the claimant's response and/or any long term benefits. It is unclear as to whether or not the claimant was treated in the remote past or whether or not he has been under recent treatment. Without that information, one would be unable to reasonably conclude whether or not chiropractic care for six visits would be reasonable and appropriate in this setting. The above statements are made consistent with the CA MTUS Guidelines which recommended as a trial option for therapeutic care. Typically six visits would be appropriate. Unfortunately, as stated above without the knowledge as to this claimant's previous response to chiropractic care and/or whether or not they have been under recent treatment, I would be unable to recommend either the continuation and/or reinstatement of chiropractic measures in this case and as such I would uphold the denial as noted above.