

<b>Case Number:</b>	CM13-0054947		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 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 45-year-old male who reported injury on 10/29/2012. The mechanism of injury was not provided. Clinical documentation indicated that the patient had been authorized for 22 visits of chiropractic treatment and had 2 left for a 24 per year. The patient indicated they had relief from headaches after having chiropractic treatments. However, the patient indicated that not much improvement was noted in the low back, but it did help the neck and mid-back. The patient was able to drive and operate heavy equipment and had regressed, starting injections and not continuing with chiro treatments, and the patient indicated he thought that he had 6 visits out of 24 left. The patient's diagnosis was noted to include low back pain and thoracic pain, and the request was made for 6 sessions of chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Chiropractic sessions:** 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 Section Page(s): 58.

**Decision rationale:** The California MTUS guidelines indicate that manual therapy is recommended with an initial therapy of 6 sessions' and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. There should be documentation of subjective of objective improvement within the first visits, and treatment beyond 4 to 6 visits should be documented with objective improvement in function. Clinical documentation submitted for review indicated that the patient was able to drive and operate heavy equipment while on chiropractic treatments. However, the patient was noted to have been authorized for 22 visits and had 2 left for the 24 per year, per the physician. However, per California MTUS Guidelines, the maximum treatment is 18 visits over 6 to 8 weeks. There was a lack of documentation of objective functional improvement to support further exceeding guideline recommendations. The request as submitted failed to indicate the body part the chiropractic care was for. Given the above, the request for chiropractic therapy, quantity 6, is not medically necessary.