

<b>Case Number:</b>	CM13-0055124		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/23/2013
<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 Board Certified 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 injured worker is a 60-year-old male who reported injury on 11/18/2008. The mechanism of injury was not provided. The injured worker was noted to be undergoing chiropractic care. A request was made for 8 additional visits over 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CONTINUATION OF CHIRO 8 VISITS OVER 6 WKS, LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions. It is recommended that treatment for flare-ups require need for re-evaluation of the prior success, and care beyond 6 visits should be documented with objective functional improvement. The clinical documentation submitted for review failed to indicate the quantity of sessions the injured worker had participated in. There was no documentation for 2013 regarding a physical examination. The records were for pulmonary visits. As such there was a lack of documentation of objective functional benefit.

Given the above, the request for continuation of 8 chiropractic visits over 6 weeks, lumbar spine, is not medically necessary.