

<b>Case Number:</b>	CM13-0055181		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	02/17/1986
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	10/11/2013
<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 Medicine, 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 72-year-old who reported an injury September 11, 2004 from an unknown mechanism of injury. The injured worker had a history of lower back pain, neck pain, and thoracic pain with flare-ups. Per the MRI finding, the injured worker had a disc protrusion at the L4-5 and L5-S1. No chart notes or other diagnostic reports were available to review. The request for authorization form dated June 9, 2014 was submitted with the documentation. The injured worker had, and continued to receive, unspecified therapeutic treatment. The rationale for the therapeutic treatment was because the injured worker gets flare-ups and will continue to get flare-ups per the letter from the MD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six chiropractic treatments for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, chiropractic treatment may be supported to treat recurrences or flare-ups of symptoms if previous chiropractic

care was successful and return to work was achieved. When appropriate, treatment for flare-ups may include one to two visits every four to six months. According to the note submitted, there was insufficient documentation to support chiropractic treatments for flare-ups. The injured worker has received prior chiropractic treatments. However, documentation did not show evidence of functional gains or that the injured worker had returned to work after receiving any chiropractic treatments to support the need for recurring and flare-ups. As such, the request for six chiropractic treatments for the lumbar spine is not medically necessary or appropriate.