

<b>Case Number:</b>	CM13-0059220		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2013

### 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 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 reported injury on 12/15/2011. The mechanism of injury was a lifting incident. The prior therapies included physical therapy and medications. It was indicated the injured worker had 12 chiropractic sessions since 09/2013. The documentation of 10/07/2013 revealed the injured worker had a straight leg raise that was negative bilaterally and had tenderness to palpation of the left L2-3 and SI joint. The treatment plan included continued chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL CHIROPRACTIC CARE (1 TIME PER WEEK FOR 4 WEEKS):** 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 Page(s): 58-59.

**Decision rationale:** California MTUS Guidelines indicate that manual therapy is recommended for chronic pain if it is caused by a musculoskeletal condition. The treatment beyond 6 visits should be documented with objective functional improvement. It was indicated the injured worker had undergone 12 prior sessions. There was a lack of documentation of the functional

benefit received from prior sessions. The clinical documentation submitted for review failed to indicate the injured worker's remaining objective functional deficits to support the necessity for further treatment. The request as submitted failed to indicate the body part to be treated with the chiropractic care. Given the above, the request for additional chiropractic care (1 time per week for 4 weeks) was not medically necessary.