

<b>Case Number:</b>	CM14-0106259		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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, has a subspecialty in Pediatric Chiropractic 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 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 43 year old individual with an original date of injury of 8/19/13. The mechanism of the injury is not specified. The MRI of 3/20/14 reported minor spondylosis at T10-11 and T11-12 and moderate spondylosis at L3-4, L4-5 and L5-S1 with mild central stenosis at L4-5. In addition, moderate bilateral neural foraminal stenosis at L4-5 was noted with mild central stenosis at L3-4, anterior wedging at T10 and T11. The injured worker has undergone 8 approved chiropractic treatments. There is no documented objective, functional improvement from this treatment. The patient remains off work and has high pain levels. The disputed issue is a request for 6 additional chiropractic treatments, with sessions 2 times a week for 3 weeks. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic two (2) times a week for three (3) weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Functional improvement.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATIONS Page(s): 58-60.

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is no documented objective, functional improvement noted from prior chiropractic treatment. Therefore, request for 6 additional chiropractic treatments, with sessions 2 times a week for 3 weeks is not medically necessary.