

<b>Case Number:</b>	CM14-0106939		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/16/1993
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 licensed 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 74 year old individual with an original date of injury of 4/16/93. The mechanism of injury occurred when the patient was struck by a falling steel shaft on the head. There is no documentation of a current flare-up of symptoms or recent loss of functional capacity in this 21 year old case. There is also no indication of prior physical medicine treatments or the efficacy of these treatments. The Guidelines recommend 1-2 chiropractic visits for flare-ups, therefore the request is in excess of the Guidelines. The disputed issue is a request for 8 additional chiropractic treatments for the cervical and lumbar spines, with sessions 2 times a week for 4 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:

**8 sessions of Chiropractic care for the cervical and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Neck and Upper Back chapter. Regional Neck Pain.

**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. For recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. No documentation of a current flare of symptoms or recent loss of functional capacity. There is no information regarding prior physical medicine treatments or the efficacy of these treatments. The request for 8 additional chiropractic treatments for the cervical and lumbar spines, with sessions 2 times a week for 4 weeks is therefore not medically necessary.