

<b>Case Number:</b>	CM14-0014992		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/23/1993
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Chiropractor 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 claimant is a 76-year-old male who was involved in a work injury on 8/23/1993 in which he injured his neck and back. The claimant was treated and ultimately discharged having achieved a permanent and stationary status. On 8/24/2012 the claimant reportedly underwent an agreed medical evaluation. This evaluation reportedly resulted in a recommendation for provisions for chiropractic treatment for exacerbations of his chronic back complaints. The claimant has received approximately 10-12 treatments per year for exacerbations. The claimant is currently under the care of [REDACTED] for periodic treatment for complaints of flare-ups of his back complaints. On 10/28/2013 the claimant presented to the office of [REDACTED] with complaints of insidious flare-up of his back complaints to 8/10 on the visual analogue scale in the lumbar and cervical spine. Pain levels were noted be 7/10 in the thoracic spine. The claimant was diagnosed with cervical, thoracic, and lumbar sprain/strain and lumbar disc displacement. A request for 6 treatments at 3 times per week for 2 weeks was submitted and modified by peer review to certify 2 treatments over one week. On 12/24/2014 the claimant presented to the provider's office complaining of an exacerbation of his back complaints. The recommendation was for 6 treatments. This was modified by peer review to certify 2 treatments. On 1/21/2014 claimant returned to the office of [REDACTED] noting continued lower back pain with pain radiating to the left lower extremity at 6/10 on the visual analogue scale. The recommendation was for chiropractic treatment at 2 times per week for 2 weeks. This was modified to certify 2 additional treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TWO TIMES PER WEEK FOR TWO WEEKS: Overturned**

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

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

**Decision rationale:** The medical necessity for the requested 4 treatments was established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The recommended 4 treatments are consistent with this guideline. The claimant presented to the provider's office on 12/24/2013 complaining of an exacerbation of his chronic back and neck complaints. A request for 6 treatments was submitted and modified by peer review to certify 2 treatments. The claimant did note overall improvement but continued to have some deficits. The request was for 4 additional treatments to complete the claimant's recovery. This was modified to certify only 2 treatments. Given the fact there was improvement as a result of the initial 2 treatments the requested 4 additional treatments can be considered appropriate and consistent with MTUS guidelines. A review of the treatment history reveals that the claimant has treated on a sporadic basis for exacerbation that would be consistent with a future medical award. Therefore, given the functional improvement noted as result of the 2 treatments and the residual deficits, the 4 treatments requested is medically necessary.