

<b>Case Number:</b>	CM14-0019757		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	12/21/2001
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Services 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 46-year-old female who was involved in a work injury on 12/21/2001 in which she injured her back. On 7/22/2013 the claimant presented to the office of [REDACTED], complaining of an exacerbation of lower back pain. Pain levels were noted to be 7/10 on the visual analogue scale. The claimant was diagnosed with backache, brachial neuritis, headaches, and sacral pain. The recommendation was for ongoing treatment as needed for flareups. On 12/18/2013 [REDACTED], evaluated the claimant for "at acute exacerbation of lower back pain that was brought on suddenly after getting knocked over at work." Pain levels are noted to be 6-7/10. The recommendation was for a course of 6 chiropractic treatments. On 12/27/2013 the claimant was reevaluated by [REDACTED], for a "follow-up from 12/18 flareup. The recommendation was for chiropractic treatment as needed. From 6/24/2013 through 12/24/2013 the claimant received a total of 20 treatments. A retrospective peer review was performed for the 20 treatments that resulted in noncertification of the requested 20 treatments. The purpose of this review is to determine the medical necessity for the requested 20 retrospective treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC THERAPY, #20 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 20 retrospective treatments was not established. The MTUS chronic pain treatment guidelines give the following recommendations: "Low back: 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. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function." The 20 retrospective treatments exceed this guideline. Moreover, this claimant received treatment on a regular basis for ongoing back complaints. There was no evidence of lasting functional improvement as a result of the ongoing treatment. Therefore, consistent with MTUS guidelines, the medical necessity for the 20 retrospective treatments was not established.