MAXIMUS Federal Services

| Case Number: | CM14-0113895 | | |
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| Date Assigned: | 08/04/2014 | Date of Injury: | 03/04/2013 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

## 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 care, has a subspecialty in Pediatric Chiropractic care 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 33 year old individual with an original date of injury of 3/4/13. The mechanism of this industrial injury occurred when the patient suffered injuries to the low back while working loading shelves. The floor was wet and slippery and the patient lost his footing and twisted in an effort to keep from falling. The patient had lumbar surgery on December 20, 2013. The patient is not currently working. The injured worker has undergone approved physical therapy treatments; however this has not been helpful. There is no indication that the patient has had chiropractic care previously. There was also no clear understanding of the reason chiropractic care is being requested after the previous physical medicine treatments failed to help the patient with pain or increased function. The disputed issue is a request for 8 chiropractic treatments for the lumbar spine, 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:

**Chiropractic 2 x week x 4 weeks lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 from the previous physical medicine treatment. There is no clear understanding of the reason chiropractic care is being requested after the previous physical medicine treatments failed to help the patient with pain or increased function. The request is also in excess of the Guidelines. The request for 8 chiropractic treatments for the lumbar spine, with sessions 2 times a week for 4 weeks is not medically necessary.