

<b>Case Number:</b>	CM14-0120649		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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 57 year old individual with an original date of injury of 8/1/13. The mechanism of injury occurred when the patient fell while manipulating a trash barrel. The patient has received sessions of physical therapy in 2013, and this was helpful in relieving the patient's symptoms. The injured worker has undergone chiropractic treatments for these injuries, however there is no specific information presented. The quantity and efficacy of these prior treatments in not indicated. The disputed issue is a request for 6 additional chiropractic treatments (for unspecified body parts). 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:

**6 Chiropractic sessions( Unknown Body part/ Duration): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . Manual Therapy and Manipulations. Pages 58-60 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 re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is no documented long-term objective functional improvement from the previous treatments and no report of a recent flare-up of symptoms. The request for 6 chiropractic treatments (for unspecified body parts) is non-certified.