

<b>Case Number:</b>	CM14-0122101		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 36-year-old individual with an original date of injury of 6/6/13. The patient is on full-time modified work. The injured worker has undergone 14 approved chiropractic treatments. There is no documentation of objective, functional improvement from the previous treatments. There is no report of a recent significant flare in the patient's symptoms. The disputed issue is a request for eight 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:

**Additional chiropractic treatments 2 times per week for 4 weeks, cervical and lumbar spine:** Upheld

**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 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 six 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 return to work (RTW) was achieved then 1-2 visits every 4-6 months. There have been 14 prior chiropractic treatments, without documented objective, functional improvement. The request for eight additional chiropractic treatments for the cervical and lumbar spines, with sessions 2 times a week for 4 weeks is not medically necessary.