

<b>Case Number:</b>	CM14-0152877		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/2/10. A utilization review determination dated 8/20/14 determined the request as not medically necessary for chiropractic care. 8/11/14 medical report identifies low back pain. She completed chiropractic care with some improvement in pain. She should undergo another course so they can teach her at home exercises. She also benefits greatly from the machines at the chiropractic facility. On exam, there is tenderness and spasms with limited ROM. Recommendations include another course of chiropractic care to improve the patient's back symptoms and relieve tension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 3x4 neck, low back, hips:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits

over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, the patient underwent an unspecified number of chiropractic sessions with some pain relief noted, but there is no indication of any objective functional improvement and significant remaining functional deficits to support the need for another course of this treatment rather than transition to an independent home exercise program. In light of the above issues, the currently requested chiropractic care is not medically necessary.