

<b>Case Number:</b>	CM14-0153497		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/03/2014
<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 a licensed Doctor Chiropractic, has a subspecialty in Acupuncture, 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 patient is reported to be a female housekeeper injured on 2/5/13; patient claimed cleaning a hotel room she stood up from being on her knees and could not straighten up due to intense lower back pain. She was medical managed by [REDACTED] through 6/24/14 when she completed her PT prescription. She remained symptomatic in the lower back/leg although overall better. MD commended the patient has no HNP. The patient was returned to work without restrictions. She had significant treatment. On 7/2/14 Chiropractic care was initiated by [REDACTED] for management of reported lumbar HNP. 12 sessions of Chiropractic care were completed prior to a UR determination on 9/2/14 denying further Chiropractic care, 12 sessions requested. Based on the reviewed documentation of reported patient improvement with the 12 applied chiropractic visits, a modified plan of care, 2 sessions, to facilitate progression to a home exercise program. The Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipulation were addressed as criteria for determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Chiropractic x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, pages 58/59, manual therapy and manipulation recommend additional treatment when Clinical evidence of functional improvement is provided following a prior course of care. 12 sessions were provided consisting of manipulation/modalities with evidence of functional improvement. Given the VAS modification and the diminishing of lower extremity symptoms, transitional care of 2 visits was reasonable. The 12 sessions requested and subsequently denied was reasonable and consistent with CAMTUS Chronic Pain Guidelines. The request is not medically necessary.