

<b>Case Number:</b>	CM14-0154038		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/25/1982
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Board Certified in Chiropractic: has a subspecialty in Pediatric 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 53 year old individual with an original date of injury of 2/25/82. The mechanism of this industrial injury was not specified. Diagnoses include lumbar sprain/strain/contusion. The injured worker has undergone 15 approved chiropractic treatments between 4/29/14 and 7/4/14. The patient had another flare-up of symptoms. The Guidelines recommend 1-2 chiropractic visits for flare-ups, therefore the request is in excess of the Guidelines. The disputed issue is a request for 12 additional chiropractic treatments. An earlier Medical Utilization Review made a modified determination regarding this request, allowing 2 treatments. 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:

**12 chiropractic treatments:** 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 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. There is a noted flare-up of the condition; however the CA MTUS recommends 1-2 chiropractic treatments for such a flare-up. The request is in excess of the Guidelines. The request for 12 chiropractic treatments are not medically necessary.