

<b>Case Number:</b>	CM14-0169466		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 patient is reported to be a 19 year old with a date of injury of 12/2/2013. The patient sustained a lower back injury after slipping/falling on a greasy floor. Her past medical history of care includes medical management with physical therapy rendering her some relief. The patient sought Chiropractic care on 9/18/14 for management of continuing lower back pain VAS 6/10; good and bad days reported. Occasional numbness was reported into the right foot. A course of 9 Chiropractic visits over 4 weeks was requested. On 10/1/14 a UR determination modified the request for Chiropractic care, 9 sessions to 6 sessions supporting the decision with CAMTUS Chronic Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial care of 9 OVS chiro lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

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

**Decision rationale:** The medical records of treatment reflect that on 9/18/14 Chiropractic care was sought by the claimant after unsuccessful management of lower back pain with medical

management. The treatment plan of manipulation 9 sessions exceeded the CAMTUS Chronic Treatment Guidelines which recommend on an initial trial of care, 6 sessions over a 2-3 week period. Documentation of functional improvement is required should care in excess of the initial 6 sessions be requested. There is no documentation reviewed that would represent a clinical basis to exceed the referenced guidelines. The UR determination of 10/1/14 was consistent with referenced CA MTUS Chronic Treatment Guidelines.