

<b>Case Number:</b>	CM14-0023008		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	03/04/1999
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 claimant is a 67-year-old male who was involved in a work injury on 3/4/1999 in which he injured his lower back. The claimant was treated and ultimately discharged having achieved a permanent and stationary status. The claimant presented to the office of [REDACTED], orthopedist, on 6/13/2013 with complaints of lower back pain at 6/10 on the visual analogue scale. The claimant began a course of therapy under the direction of [REDACTED] associate, [REDACTED], [REDACTED]. On 10/30/2013 [REDACTED] reevaluated the claimant and recommended additional chiropractic care and adjunctive physiotherapy at a frequency of 2 times per week for 3 weeks followed by one time per week for 6 weeks for a total of 12 sessions. On 1/22/2014 [REDACTED] reevaluated the claimant at which time the claimant noted "overall reduced severity and frequency of back pain. Patient able to perform ADLs with less pain. Able to sit, stand, work for greater than 1 to 1.5 hours now." The recommendation was for 8 additional chiropractic treatments. On 2/3/2014 a peer review was performed resulting in a non-certification of the requested 8 treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 CHIROPRACTIC TREATMENTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Section Page(s): 58.

**Decision rationale:** The medical necessity for the requested 8 additional treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The claimant has completed 22 treatments. The requested 8 additional treatments exceed this guideline. Moreover, it appears that the claimant had returned to his pre-exacerbation status and that additional treatment would likely be no more than maintenance or elective in nature and as such is not supported by MTUS guidelines. Therefore, the medical necessity for the requested 8 additional chiropractic treatments was not established.