

<b>Case Number:</b>	CM14-0024330		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/10/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Interventional Spine 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 a 38 year old with an injury date on 7/10/10. A radiofrequency ablation (RFA) dated 1/2/14 revealed lumbago, dislocation of cervical vertebra, lumbar disc displacement and laxity of ligament. [REDACTED] is requesting outpatient chiropractic treatment. The utilization review determination being challenged is dated 2/20/14 and refutes request due to insufficient documentation to support request. [REDACTED] is the requesting provider, and no treatment reports were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OUTPATIENT CHIROPRACTIC TREATMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page 58-59 Page(s): 58-59.

**Decision rationale:** The physician has asked outpatient chiropractic treatment on as needed basis according to 1/2/14 RFA. There were no progress reports, only single RFA were included in provided documentation. The MTUS guidelines allow up to 18 sessions of treatments following

initial trial of 3-6 if functional improvements can be documented. The MTUS guidelines also support 1-2 chiropractic treatments for patients that are working. In this case, it is not known if the patient has received chiropractic treatment in the past. The current request for as needed chiropractor treatments cannot be recommended as MTUS recommends specific number of treatments for low back pain. Therefore the request is not medically necessary.