

<b>Case Number:</b>	CM14-0030388		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/02/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Chiropractor, 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 52 year old female who was injured on 01/29/2011. The mechanism of injury is unknown. Progress report dated 02/11/2014 indicates the patient complained of increased pain in the low back. Objective findings on exam revealed lumbar pain to palpation at L5-S1. She has taught and tender of the lumbar fibers of paraspinous musculature. Diagnoses are myofascitis, lumbar discopathy, and lumbar segment dysfunction. Prior utilization review dated 02/24/2014 states the request for 8 chiropractic care visits was denied as there is no documented number of sessions that have been rendered to the patient nor is there is any documented functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care for eight 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 & Manipulation Page(s): 58-59.

**Decision rationale:** The records indicate this is a 52 year old female, 47 at time of her industrial accident on 08/02/2009, with unspecified diagnosis. The records indicate the injured worker was

treated for a lumbar injury and subsequently granted future medical care by a QME, in the form of pain management, as well as Chiropractic management to control flair-up which might span 2-4 visits depending on the level of flair-up, 3-4 times per year, with associated muscle strengthening and physical therapy. There is no documentation as to the number of visits this patient has had within the past 6 months or when the last treatment was rendered on her future medical basis. There is also no specific example of significant clinical findings outlining any objective improvement in functional capacity as a result of prior Chiropractic treatment which is addressed within the CA MTUS guidelines. For the above outlined rational, pursuant to the CA MTUS guidelines, the decision for 8 Chiropractic visits is not medically necessary.