

<b>Case Number:</b>	CM14-0033721		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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, 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 49 year old male with an original date of injury of January 12, 2009. The mechanism of injury occurred when the patient ran over a bump and bounced off the seat while driving a forklift at rapid speed. The patient has had Physical therapy, but this was not helpful in relieving the patient's symptoms. The patient has also been treated medically. It is unclear if the injured worker has undergone chiropractic treatments. There is no documentation indicating long-term, objective, functional improvement in the patient's condition. The disputed issue is a request for 18 chiropractic treatments for the lumbar spine, with sessions 3 times a week for 6 weeks. An earlier Medical Review made an adverse determination regarding this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eighteen Chiropractic therapy sessions for the lumbar spine three times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations Page(s): 58-60..

**Decision rationale:** The California MTUS Guidelines recommend chiropractic care for chronic back pain. The initial trial recommended is 6 chiropractic visits. If prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved up to 18 visits over 6 to 8 weeks. In this case, the patient has had physical therapy treatments. It is unclear whether this patient has received chiropractic treatment for these injuries and what the results might have been. There is no documented long-term, objective, functional improvement noted. The request for 18 chiropractic treatments for the lumbar spines is not medically necessary.