

<b>Case Number:</b>	CM14-0035986		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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:

According to the available medical records, this is a 53 years old male patient with chronic neck pain, low back, left long finger and left ankle pain, date of injury 09/26/2012. Previous treatments include medications, physical therapy, left ankle arthroscopic surgery, hand therapy. There is no medical records pertaining to the current request for chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy x8 CS:** Upheld

**Claims Administrator guideline:** The Claims Administrator based its decision on the MTUS Official Disability Guidelines, Work Loss Data Institute, LLC, Corpus Christi Pain.

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

**Decision rationale:** Reviewed of the available medical records did not show any chiropractic treatments for this patient. I thought it would be appropriate for the patient to receive a trial of 6 visits over 2 weeks per CA MTUS guidelines recommendation. However, the current request for 8 treatments without evidence of objective functional improvement exceeded the guideline recommendation and therefore, not medically necessary.