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| <b>Case Number:</b>   | CM14-0036265 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 09/12/2008 |
| <b>Decision Date:</b> | 07/22/2014   | <b>UR Denial Date:</b>       | 03/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/25/2014 |

### 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 Chiropractics, has a subspecialty in Pediatric Chiropractics 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 female with an original date of injury of 9/12/08. The mechanism of injury occurred when the patient slipped on wax paper and fell. Diagnoses include low back pain, knee pain and pain in the lower leg. There is no information presented regarding the results of previous conservative treatments including physical therapy, chiropractic care, or acupuncture. On 9/23/10, there was a QME report that listed the disability status as permanent and stationary and called for future medical care with chiropractic treatment. The patient has also been treated medically with a variety of pain and anti-inflammatory medications. The disputed issue is a request for 12 chiropractic treatments for the low back. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the California MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) chiropractic therapy sessions for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic low 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. The records provided do not address the efficacy of previous conservative treatment this patient received. There has been no objective, functional improvement noted. The request for 12 chiropractic therapy sessions for the low back is not medically necessary.