

<b>Case Number:</b>	CM14-0036724		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/19/1993
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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 male with an original date of injury of 2/19/93. Diagnosis includes progressive ankylosis of the spine and extremities, coraco-brachialis syndrome, with neck, shoulder and low back pain. There is no report of chiropractic care prior to the disputed period and there is no evidence of objective, functional improvement from earlier treatment. The disputed issue is a request for chiropractic treatments for all dates of service 9/10/12 to 12/13/13. 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 Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulation for dates of service September 10, 2012 through December 13, 2013.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS 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. There has been no objective, functional improvement noted. Maintenance care is not recommended. The request for chiropractic therapy sessions 9/10/12 to 12/13/13 is not medically necessary.