

<b>Case Number:</b>	CM14-0039062		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/19/1990
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Chiropractor, has a subspecialty in Pediatric Chiropractic and is licensed to practice in California, Washington, and New Mexico. 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 66-year-old female with an original date of injury of 7/19/90. The diagnoses include cervical syndrome secondary to cervical strain, headaches, thoracic dysfunction, lumbo-sacral dysfunction secondary to lumbo-sacral strain. There have been eight (8) formal requests for chiropractic treatment from 2/12/13 through 3/18/14, with ongoing chiropractic visits. The requests appear to be every month or so and in the pattern of maintenance care. There is no long-term objective, functional improvement noted. The disputed issue is a request for three (3) chiropractic treatments with manipulations and ultrasound therapy. 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 CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC OFFICE VISITS TIMES THREE (3) WITH MANIPULATION AND ULTRASOUND THERAPY:** 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 CA Chronic Pain Medical Treatment 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, there has been no objective functional improvement noted from the many prior chiropractic treatments; therefore, the MTUS guidelines would not support the request. Maintenance care is not recommended by the MTUS. The request for chiropractic office visits times three with manipulation and ultrasound therapy is not certified.