

<b>Case Number:</b>	CM14-0041886		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/24/2001
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Medicine, has a subspecialty in Pediatric Chiropractic Medicine and is licensed to practice in California, Washington State, 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 56 year old male with an original date of injury of 10/24/01. Diagnoses include chronic myofascial and discogenic pain of the lumbar and cervical spine. The patient has had lumbar fusions in 2002 and 2004 and was treated for failed low back surgery syndrome. He has persistent low back and neck pain with paresthesias into the bilateral upper extremities. The injured worker has undergone chiropractic treatments for this condition, however there are no records from the Chiropractic Physician documenting objective, functional improvement from this treatment. The disputed issue is a request for 12 additional chiropractic treatments for the back, with sessions 2 times a week for 6 weeks. 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 ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy two sessions per week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181.

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

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. There is no documentation as to the efficacy of previous chiropractic treatment. The request for 12 additional chiropractic treatments for the back, with sessions 2 times a week for 6 weeks is not medically necessary.