

<b>Case Number:</b>	CM14-0042973		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 a licensed Doctor of 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 42 year old male with an original date of injury of 10/15/13. The mechanism of injury occurred when the patient was involved in a motor vehicle accident while working. A Lumbar MRI dated 12/11/13 reported a 2-3 mm disc bulge at L4-5. The patient has had 6 sessions of Physical therapy. The patient has also been treated medically. At this time, the patient is on modified work status. The disputed issue is a request for 12 chiropractic treatments with physiotherapy, myofascial release and functional restoration 2 times per 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 CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment with physiotherapy and myofascial release and Functional Restoration 2 times per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-9.

**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, the patient has received physical therapy treatment for these injuries, without documented objective, functional improvement. The request for 12Chiropractic is not medically necessary and appropriate.