

<b>Case Number:</b>	CM14-0046439		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/20/1986
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Chiropractor 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 62 year old female with an original date of injury of 10/20/86. The patient reports a recent exacerbation. The patient has been diagnosed with cervical spondylosis without myelopathy and lumbar spondylosis without myelopathy. The injured worker has undergone approved chiropractic treatments. The disputed issue is a request for 4 chiropractic treatments (including myofascial release and flexion distraction). 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 (including myofascial release and flexion distraction), quantity 4:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

**Decision rationale:** The CA MTUS recommends 1-2 chiropractic visits every 4-6 months for recurrence/flare-ups, if there has been prior treatment success and return to work has been

achieved. In this case, there has been some documented objective, functional improvement from the chiropractic therapies already received, but the request is in excess to the CA MTUS. The request for 4 additional chiropractic treatments (including myofascial release and flexion distraction) is non-certified.