

<b>Case Number:</b>	CM14-0048276		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Chiropractics, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 36-year-old female with a reported date of injury on 03/24/2011. The mechanism of injury was reported as a slip and fall. The injured worker presented with left hip and left elbow pain rated at 5/10. On physical examination, the injured worker presented with left leg weakness, and decreased range of motion. The injured worker's lumbar spine range of motion revealed flexion to 22 degrees, extension to 12 degrees with spasms at left L3-4. The x-rays of the lumbar spine dated 03/13/2014 revealed L4 through S1 and stable fusion with solid posterior interbody fusion. The clinical documentation indicated the injured worker previously participated in chiropractic care, the results of which were not provided within the documentation available for review. The injured worker's diagnoses included cervical myalgia, thoracic myospasm, and lumbar sprain/strain. The injured worker's medication regimen was not included within the documentation available for review. The Request for Authorization of 12 chiropractic care sessions was not submitted. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve Chiropractic Care Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58.

**Decision rationale:** The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of the manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend low back manual therapy and manipulation at a trial of 6 visits over 2 weeks, with evidence of functional improvement, a total of up to 18 visits over 6 to 8 weeks. The clinical note dated 03/13/2014 indicates the injured worker previously participated in chiropractic care, physical therapy, home exercise, and TENS unit, the results of which were not provided within the documentation available for review. There is a lack of documentation related to the therapeutic and functional benefit in ongoing utilization of chiropractic care. In addition, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. There is a lack of documentation related to objective functional improvement. In addition, the request for additional 12 chiropractic care sessions exceeds the recommended guidelines. Therefore, the request for 12 chiropractic care sessions is not medically necessary.