

<b>Case Number:</b>	CM14-0051300		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/17/2008
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 licensed in Chiropractics 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:

According to the available medical records, this is a 35 years old female patient with chronic right posterior suboccipital pain, neck pain and low back pain, date of injury 06/17/2008. Previous treatments include medications, chiropractic, physical therapy, massage therapy, occupational therapy, lumbar sympathetic block and suboccipital injections. There is no medical records from the requesting doctor pertaining to this request for 12 sessions of chiropractic care for the back and neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care for 12 sessions (back/neck):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractics - Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** California MTUS guideline recommended a trial of 6 chiropractic visits over 2 weeks, with evidence of objective functional improvement. According to the UR letter by the insurance company's, [REDACTED], physician advisor, this patient has had 12 chiropractic visit authorized on 01/22/2014. However, there no treatment records available for review; no

evidence of objective functional improvement. The request for 12 sessions of chiropractic treatment also exceeded the guidelines recommendation. Therefore, it is not medically necessary.