

<b>Case Number:</b>	CM14-0060798		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/10/1998
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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, Washington, 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 60-year-old individual with an original date of injury of 6/10/98. The mechanism of injury occurred when the patient was working as a paramedic and lifted a heavy patient on a gurney. The patient has been treated over the past 16 years. The patient has recently experienced a severe flare-up of symptoms. The CA MTUS Guidelines allow 1-2 treatment for flare-ups every 4-6 months. The disputed issue is a request for retrospective chiropractic treatments for the lumbar spine (2/18/14 through 4/17/14). An earlier Medical Review made a partial certification 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:

**Retrospective review of chiropractic sessions (lumbar) (DOS 02/18/14, 02/20/14, 02/25/14, 02/27/14, 03/04/14, 03/06/14, 03/11/14, 03/13/14, 03/20/14, 03/27/14, 04/01/14, 04/03/14, 04/09/14, 04/10/14, 04/17/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**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 six visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to re-evaluate treatment success, if return to work (RTW) is achieved then 1-2 visits every 4-6 months. The requested chiropractic treatment is excessive to the CA MTUS Guidelines. The request for retrospective chiropractic treatments for the lumbar spine (2/18/14 through 4/17/14) is not medically necessary.