MAXIMUS Federal Services

| Case Number: | CM14-0063167 | | |
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| Date Assigned: | 07/11/2014 | Date of Injury: | 03/05/2013 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

## 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 Chiropractor, has a subspecialty in Chiropractic Sports Physician 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 60 year old male who was injured on 3/5/13 (CT 3/1/13-3/1/14) while on top of a 6' ladder taking a heavy box(approx.20 lbs.) of shirts down from an overhead shelf. As he was descending ladder ,his foot slipped on one of the steps and he slid to the floor with the box in his hands and struck his back on the floor. He went to the [redacted]. where x-rays were taken, and pain medication was given to patient. This was followed by six weeks of physical therapy and four weeks of acupuncture without benefit. The patient also received 12 chiropractic sessions which helped decreased pain by 30%. According to the chiropractors initial report dated 3/21/14, the patient was declared maximum medical improvement or P&S 4 months ago. The patient has had no therapy fo 6 weeks and has low back pain of 7/10. On 10/11/13 an magnetic resonance imaging (MRI) of lumbar spine revealed mild right L4-5 neural foraminal narrowing, moderate thickening of the ligamentum flaven at L4-5 and L5-S1 without significant spinal canal stenosis.The chiropractor is requesting  two chiropractic treatments per week for four weeks or eight total.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 2 x 4:** Upheld

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

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

**Decision rationale:** The chiropractic doctor has not shown objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition the amount of chiropractic treatment requested does not follow the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines listed above. The requested treatment of two times per week for four weeks is not medically necessary.