

<b>Case Number:</b>	CM14-0064736		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 47-year-old individual with an original date of injury of 9/12/12. The mechanism of injury occurred when the patient slipped and fell backwards, landing on her back. The patient has received 15 sessions of Physical therapy, but it is not clear whether these treatments were helpful for the patient. There is no indication that the current symptoms represent a flare-up of the injury of 9/12/12. The disputed issue is a request for 12 chiropractic treatments for the low back. 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:

**12 sessions of Chiropractic care for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment, Manual Therapy & 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 reevaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months. There is no documentation indicating this recent flare-up is related to injury. If these symptoms represent a true flare-up, the CA MTUS Guidelines support only 1-2 visits every 4-6 months. The request for 12 chiropractic treatments for the low back is not medically necessary.