

<b>Case Number:</b>	CM14-0070617		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Chiropractic, has a subspecialty in Pediatric Chiropractic 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 52 year old individual with an original date of injury of 1/7/14. The mechanism of injury occurred when the patient lifted a battery by its [REDACTED] strap and it swung away from her. The patient has been treated with surgery, physical therapy, acupuncture, chiropractic treatment and pain medications. At this time, the patient is not working. The injured worker has undergone approved chiropractic treatments. There is no indication of objective, functional improvement from this earlier treatment. The disputed issue is a request for 8 chiropractic sessions with rehabilitative therapy for the lumbar spine. 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 California MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic rehabilitative therapy lumbar spine Quantity: 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The California MTUS Guidelines does recommend chiropractic treatment, in general, for chronic pain, with a trial of 6 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 RTW achieved then 1-2 visits every 4-6 months. There is no documented objective, functional improvement in the patient's condition that resulted from the prior chiropractic treatment. The request for 8 chiropractic sessions with rehabilitative therapy for the lumbar spine is not medically necessary.