

<b>Case Number:</b>	CM14-0073361		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/12/2005
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 Care 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 65-year-old female who was involved in a work injury on 12/12/2005. The injury was described as the injured worker was helping one of the clients get out of the bathtub which she bent down and felt something give way, with the patient describing ongoing back pain. On 7/2/2010 the injured worker underwent an agreed medical evaluation with [REDACTED]. The determination was that the injured worker was at maximum medical improvement as of 4/6/2010. The injured worker presented to the office of [REDACTED], on 12/3/2013 for an initial consultation. The injured worker was diagnosed with cervical radiculitis and lumbar radiculopathy. [REDACTED] submitted a request for chiropractic treatment at 2 times per week for 4 weeks. On 2/3/2014 [REDACTED] reevaluated the injured worker and recommended chiropractic treatment at 2 times per week for 4 weeks. On 4/28/2014 the injured worker was reevaluated by [REDACTED] for complaints of pain and stiffness in her neck and low back. The recommendation was for chiropractic treatment at 2 times per week for 4 weeks. This was denied by peer review on 5/13/2014. Most recently, on 5/29/2014 [REDACTED] reevaluated the injured worker for continued modest discomfort involving her neck and low-back which is improved with the use of bracing and medication. The requested therapy has just been authorized. The recommendation was for 8 chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 4 weeks; 8 sessions to the cervical and lumbar spine:**  
Upheld

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

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

**Decision rationale:** The rationale for the initial denial was that there was no documentation regarding the past chiropractic treatment history or the response to any chiropractic treatment authorized. This information was not provided for this review. The MTUS Guidelines state that manipulation is recommended as an option. For therapeutic care, guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6-8 weeks. In order to appropriately apply this guideline recommendation, a review of the past history is essential. Moreover, the requested 8 treatments exceeds the trial of 6 visits recommended by the guidelines. Therefore, the request is not medically necessary.