

<b>Case Number:</b>	CM14-0073962		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, 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 32 year old individual with an original date of injury of 7/27/12. The mechanism of injury occurred when the patient was working in the laundry room pulling wet towels from a laundry barrel when she suddenly felt pain in the lower back. On 10/3/12, a MRI of the lumbar spine revealed a 3.2 mm central disc protrusion at L5-S1 with mild facet hypertrophy. A QME report on 12/9/13 determined the patient had not yet reached MMI and additional chiropractic treatment was recommended. The injured worker has undergone 6 approved chiropractic treatments. There is no indication if the previous chiropractic treatment was beneficial to the patient. The disputed issue is a request for 12 chiropractic treatments with Cox Decompression Technique. An earlier Medical Review made a modified determination regarding this request and allowed 6 visits. 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 visits Cox Decompression technique with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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 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 indication that the previous chiropractic care was beneficial to the patient. CA MTUS allows 6 additional visits. The request for 12 chiropractic treatments with Cox Decompression Technique is not medically necessary.