

<b>Case Number:</b>	CM14-0076650		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 54 year old individual with an original date of injury of 8/2/13. The mechanism of injury occurred when the patient slipped and fell. The patient has received 11 sessions of physical therapy, but this was not helpful in relieving the patient's symptoms. The patient has also been treated with medications. At this time, the patient is on modified work status. The injured worker has undergone 12 approved chiropractic treatments. The records indicate that the previous chiropractic care was not helpful for the left hip and back and actually worsened the condition. The disputed issue is a request for a trial of 6 chiropractic treatments. 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:

**Trial of DC (chiro) care x 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATIONS 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 re-evaluate treatment success, if return to work is achieved, then 1-2 visits every 4-6 months. The patient has received 11 physical therapy treatments and 12 chiropractic treatments. There is no documented objective, functional improvement from this treatment. The request for a trial of 6 chiropractic treatments is not medically necessary.