

<b>Case Number:</b>	CM14-0188144		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Chiropractic, has a subspecialty in Acupuncture 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 patient is a 63-year old female with a 9/11/02 date of injury. The DFR of 10/3/14 the patient sustained a lower back injury from lifting. Chiropractic care was initiated on 10/3/14 after certification was obtained for 8 Chiropractic visits. The patient presented with constant severe pain in the lower back followed by sciatic pain. [REDACTED] reported to PTP [REDACTED] on 10/21/14 the patient discontinuing Chiropractic care due to severe reaction to manual therapy. After 3 sessions of The manipulation, all further Chiropractic care was discontinued. The initial treatment plan was for 2x4 Chiropractic care. A UR review/determination was completed on 11/3/14 non-certifying further Chiropractic care (98941) 2x4 requested by [REDACTED]. The UR determination documented a peer discussion with [REDACTED] where he agreed that no additional care was needed only consideration for up coding cares from CPT code 98940 to 98941 due to the patient subjective issues in 3 spinal areas; the request for coding modification was not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 x 4 to the cervical, thoracic & lumbar spine:** 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 manipulation.

**Decision rationale:** The patient is a 63 year old female with a 9/11/02 date of injury. Her DFR of 10/3/14 the patient sustained a lower back injury from lifting. Chiropractic care was initiated on 10/3/14 after certification was obtained for 8 Chiropractic visits. The patient completed only 3 of the 8 certified visits due to her reaction to manual therapy discontinuing the remaining 5 sessions with [REDACTED]. The 10/21/14 PR-2 was reviewed by UR as a request for additional care, 2x4 but appears instead to be a restatement of precertified care, 2x4 with subsequent peer contact agreement that no additional care was being sought after the 3 provided visits. The Chiropractic therapy 2 x 4 to the cervical, thoracic & lumbar spine is not medically necessary.