

<b>Case Number:</b>	CM14-0205049		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 was reported to be a 64 year old male reportedly injured 11/15/13; the patient reported that while cleaning a warmer a customer walked out of the store without paying causing him to quickly turn to his left twisting his left leg and calf resulting in sharp pain in the left calf. The patient is being medically managed by [REDACTED] for multiple regions of reported injury; Chiropractic care is requested for management of the lumbar spine that began on 6/220/14 ending on 8/25/14; the number of completed sessions unknown. Care was provided 2xs per week. A UR determination dated 11/7/14 denied the request for additional Chiropractic care, 1x4 stating that the current report from [REDACTED] dated 10/7/14 failed to address any residual findings in the lumbar region that would require further functional improvement was provided to support the request for additional care, 1x4 chiropractic care management. No evidence of significant objective. The criteria for consideration of additional care per CAMTUS Chronic Treatment Guidelines was not met leading to denial of the requested 1x4 Chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1x4 to 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 Page(s): 58-59.

**Decision rationale:** The medical records of continuing medical management with [REDACTED] include Chiropractic care from 6/20/14 through 8/25/14 with [REDACTED] failing to address what functional improvement in the lower back was obtained with the unknown number of applied manipulative visits. The request for continuing Chiropractic treatment was not accompanied by a history of applied Chiropractic care leading to functional gain, residual complaints or finding of the 10/7/14 reevaluation or the medical necessity for continuing care. The referenced CA MTUS Chronic Treatment Guidelines-manual therapy require of the requesting provider objective clinical evidence of functional improvement following an initial trial of care, 6 sessions; none was provided. The UR determination of 11/7/14 was reasonable and appropriate and consistent with referenced CA MTUS Chronic Treatment Guidelines.