

<b>Case Number:</b>	CM14-0041069		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	03/31/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 3/31/13. A utilization review determination dated 3/26/14 recommends non-certification of chirotherapy. 3/11/14 medical report identifies wrist pain and decreased ROM as well as cervical and lumbar spine decreased ROM. Recommendations include chirotherapy x 12 sessions, UDS, MRIs, EMG/NCV.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chirotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines-hand/wrist, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** Regarding the request for chirotherapy, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for

review, there are no specific functional deficits noted. Additionally, the currently requested 12 treatment sessions exceed the initial trial recommended by guidelines of 6 visits and, unfortunately, there is no provision for modification of the current request to allow for an initial trial. In light of the above issues, the currently requested chirotherapy is not medically necessary.