

<b>Case Number:</b>	CM15-0043903		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 injured worker is a 30 year old female, who sustained an industrial injury on 1/8/2014. She has reported a fall when a chair was pulled out from under her while attempting to sit. The diagnoses have included lumbar spine sprain, coccygeal sprain, and right wrist sprain/strain, rule out right cubital tunnel syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Currently, the Injured Worker complains of low back pain with radiation to lower extremities and right wrist pain. The physical examination from 2/10/15 documented tenderness to lumbosacral junction and right wrist with palpation, and sensitivity over cubital tunnel. Tinel's sign was positive. The plan of care included chiropractic therapy. Provider requested 12 chiropractic sessions which were modified to 6 by the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Manipulative Therapy 3 x weekly QTY:12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** Provider requested initial trial of 12 chiropractic treatment which were modified to 6 by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.