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| <b>Case Number:</b>   | CM13-0037191 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 08/16/2006 |
| <b>Decision Date:</b> | 04/04/2014   | <b>UR Denial Date:</b>       | 08/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2013 |

### 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 Services, and is licensed to practice in Texas. 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 49-year-old male who reported injury on 08/16/2006. The mechanism of injury was not provided. The patient was noted to undergo 25 chiropractic treatments. The patient's diagnosis was noted to be sciatica/lumbar disc syndrome. The documentation dated 08/14/2014 submitted with request indicated the patient had physical therapy and the chiropractic treatments helped the patient take less medications. The request was made for chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic.

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

**Decision rationale:** California MTUS Guidelines indicate that manual therapy manual therapy and manipulation are recommended for chronic pain if it is caused by musculoskeletal conditions. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Clinical documentation submitted for review indicated the patient had 25 prior therapy sessions. There was a lack of documentation of an objective physical examination. Additionally, there

was a lack of documentation the patient had an objective decrease in pain as well as an objective increase in function. Additionally, the request as submitted failed to indicate the quantity/duration for care and the body part that was chiropractic care was being requested for. Given the above, the request for chiropractic care is not medically necessary.