

<b>Case Number:</b>	CM14-0138958		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 in Chiropractic, has a subspecialty in Pediatric Chiropractic, 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 injured worker is a 56 year old individual with an original date of injury of 4/11/13. The mechanism of this industrial injury was not specified. The MRI of 10/25/13 reports normal thoracic spine, a 2mm retrolisthesis at L5-S1 and bulging annulus without central or S1 lateral recess stenosis or neuroforaminal stenosis. Diagnoses include lumbar disc degeneration. The patient has been treated medically with epidural injections and pain medications. The injured worker has undergone approved chiropractic treatments, but there is no documented objective, functional improvement. The patient is on modified work duties. The disputed issue is a request for 12 additional chiropractic treatments for the cervical and lumbar areas. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic treatment x 12 visits DOS: 07/28/2014: Upheld**

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

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

**Decision rationale:** The CA MTUS Guidelines does recommend chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is insufficient documented objective, functional improvement from the previous chiropractic treatment. The request for 12 additional chiropractic treatments for the cervical and lumbar areas is not medically necessary.