

<b>Case Number:</b>	CM14-0162839		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/09/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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:

According to the available medical records, this is a 53 year old male with chronic neck and low back pain, date of injury is 06/09/2012. Previous treatments include medications, Jewett brace, physical therapy, and right hip surgery. Progress report dated 08/22/2014 by the treating doctor revealed patient with sudden increase in back pain started around the lower thoracic region and radiated both caudally and cephalad, pain was severe rated about 8-9/10 but slowly improve about 24 hours later, currently pain is 3-4/10. Lumbar spine examination revealed mild gibbous deformity around T12, no direct tenderness to the spine; flexion is without pain, extension about 40 degrees with some back pain. There is no cervical spine examination reported. Diagnoses include closed fracture lumbar vertebra and closed fracture C7 vertebra. Treatment plan request is periodic chiropractic management, up to 12 visits a year. The patient returned to work with no restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 visits chiropractic care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Visits Page(s): 58-60.

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

**Decision rationale:** The claimant presents with a recent flares up of his low back pain. He has had good responses with past medical treatments that include medications, braces, and physical therapy. While MTUS guidelines do not recommend maintenance care, it may recommend 1-2 chiropractic visits every 4 to 6 months for flares up, the request for 12 periodic visits for a year in advance is not medically necessary.