

<b>Case Number:</b>	CM14-0166599		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	07/19/2000
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 a licensed Chiropractor and licensed in Acupuncture 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 patient is reported to be a 56 year old female with a date of injury of 7/19/2000; the mechanism of injury is unknown. The patient presented to [REDACTED] on 9/19/14 with complaints of spinal pain with a VAS (visual analog scale) of 8/10. A UR determination followed the request for 3 Chiropractic visits dated 9/30/14 denying the request for Chiropractic care, modalities and myofascial release. Notes from the peer contact with [REDACTED]; the UR physician reported that "the need for Chiropractic manipulative treatment and active PT would be appropriate according to MTUS Guidelines; passive modalities are not appropriate at this late date and the passive modalities are recommended for non-certification....therefore a partial certification for Chiropractic manipulative therapy and home active treatments only to the lumbar spine...passive modalities are recommended for non-certification."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Chiropractic treatments (specific spinal adjustment)for the the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2- Summary of Recommendations,Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The patient is reported to be a 56 year old female with a date of injury of 7/19/2000. On 9/19/2014 she presented with a reported flare/exacerbation with VAS 8/10 pain resulting in [REDACTED] recommending a return to Chiropractic care, 3 sessions with non-specific physical therapy and myofascial release. It appears that the UR determination as reviewed certified the Chiropractic care as requested non-certifying passive therapy but not myofascial release given that this would constitute active care and certified along with manual therapy/manipulation. CA MTUS Chronic Treatment Guidelines and Physical Therapy Treatment Guidelines support additional care when clinical evidence of flare/acute presentation is documented. The UR physician also agrees with this determination despite the UR letter denying requested care. The request for 3 Chiropractic treatments (specific spinal adjustment) for the lumbar spine is medically necessary.