

<b>Case Number:</b>	CM14-0168081		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	01/02/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 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 65 year old female who was injured on 1/2/12 after many years of work due to repetitive trauma injuries to her neck and back or cumulative trauma injuries to her spine. The diagnoses are Lumbar IVD and Cervical disc injuries. The MD report of 7/22/14 states that "Chiropractic treatment helped her out a lot in the past ", but gave no documentation to support this statement. Apparently the patient has received past chiropractic treatment, medications, physical therapy and exercises but the documentation does not give the amount of previous care and how the patient responded through objective measurable gains. According to the records the report of 10/4/14 the patient has had 7 recent chiropractic visits but no documentation how the patient responded through objective findings. There are no diagnostic reports available for review to include x-rays, MRI's and NCV/EMG studies. The doctor is requesting Chiropractic treatment 2 times per week for 6 weeks to the cervical and lumbar spine for a total of 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments two (2) times per week for six (6) weeks to the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58, 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines after the first 6 visits of Manipulation the doctor must document objective measurable gains of functional improvement to obtain more visits. This was not well documented and therefore the request for additional visits is not medically necessary.