

<b>Case Number:</b>	CM14-0094964		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/07/2000
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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's original date of injury was 9/7/2009. The industrial diagnosis include neck pain, low back pain, left shoulder pain, left knee pain, and wrist pain. The mechanism of injury was assault and the worker was punched from behind. The dispute issue is a request for chiropractic therapy x 12 session to the neck and low back. A utilization review determination on 6/6/2014 had non-certified this request, stating that "the clinical information submitted for review fails to meet the evidenced based guidelines for the requested service."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 12 visits, Cervical and Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA (MTUS), Chronic Pain; Manual Therapy & Manipulation for chronic pain Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractor Section> Page(s): 58-60.

**Decision rationale:** In the case of this request, 12 sessions is beyond that recommended by the California MTUS, which specify for 4-6 treatments to demonstrate functional benefit. With functional benefit, additional sessions may be warranted. The injured worker is documented as having had chiropractic treatment for a 4-6 month period and being able to return to work.

However, she had a recrudescence of her old injury and then again went to visit a chiropractor from July to November 2013. It is not clear how many sessions were attended and what functional benefit this previous chiropractic care had. Therefore the request for twelve chiropractic sessions is not medically necessary.