

<b>Case Number:</b>	CM15-0014226		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 46 year old female who sustained a work related injury on 5/26/12. Mechanism of injury is noted as carrying a massage table which caused low back pain. Previous treatment has included modified duty, medication, physical therapy, massage, MRI, acupuncture, and chiropractic therapy. Progress report dated 6/11/14 notes that the claimant reports progress with chiropractic care and massages but pain is still constant. Progress report of 1/5/15 notes patient reports no change, saw D.C. one time a week with good relief. UR decision dated 1/9/15 non-certified the request for 24 chiropractic treatments citing a lack of functional improvement and MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 24 Chiropractic Treatments:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The total number of chiropractic treatments received by the injured worker is not able to be determined. It appears that an adequate trial has been performed as the claimant has received chiropractic treatment since July 2012 according to the progress noted dated 6/11/14. MTUS guidelines note that manipulation is recommended with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. There is no functional objective improvement noted in the file presented. Due to the lack of documented improvement and the request exceeding MTUS Chronic Pain Guidelines, the request for 24 chiropractic visits is not medically necessary.