

Case Number:	CM13-0040589		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2012
Decision Date:	05/29/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 Texas. 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 31-year-old male who reported an injury on 08/10/2012. The mechanism of injury involved electrocution. Current diagnoses include electrocution injury/loss of consciousness with cardiopulmonary arrest, cerebral concussion, cephalagia, impaired memory function, symptoms of anxiety and depression, tinnitus and vertigo, facial numbness, cervical spine disc bulge, contusion of the rib cage, thoracic back sprain, lumbar spine disc bulge, bruises on the 1st metatarsophalangeal joint on the left foot, burns of the 1st metatarsophalangeal of the left foot, left foot and ankle sprain, and left knee sprain. The injured worker was evaluated on 07/09/2013. The injured worker reported persistent back and neck pain. Physical examination revealed decreased range of motion of the cervical spine, positive maximum foraminal compression testing on the left, 2+ tenderness in the paraspinals of the lumbar spine, decreased lumbar lordosis, positive Kemp's testing, positive straight leg raising and hypoesthesia at the L4-5 dermatome. Treatment recommendations included chiropractic therapy twice per week for 5 weeks for the cervical spine, lumbar spine and left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 TIMES A WEEK FOR 5 WEEKS FOR THE CERVICAL, LUMBAR SPINE AND LEFT LEG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Section Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Section Page(s): 58-59.

Decision rationale: The California MTUS Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the spine is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. Treatment for the lower extremity is not recommended. The current request for 10 sessions of chiropractic therapy exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate.