

Case Number:	CM14-0005178		
Date Assigned:	01/24/2014	Date of Injury:	03/13/2013
Decision Date:	06/09/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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 & Rehabilitation 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 reported an injury reported on 03/13/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/15/2014, reported that the injured worker complained of pain to the upper back which was rated 3/10, and described as intermittent. The chiropractor note dated 12/18/13, reported the injured worker was noted with decreased range of motion to cervical and lumbar spine area and received an adjustment to L4-L5, L5-S1. The injured worker's diagnoses included head concussion, traumatic brain injury, cervical spine strain/strain, thoracic spine strain/sprain, thoracic/sacral disc herniation 3mm at T2-T3, and lumbar/sacral disc herniation 4mm at L4-L5, 3mm at L5-S1. The request for authorization was submitted on 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2XWK X 4WKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: The injured worker complained of pain to upper back with a rating of 3/10, described as off and on. According to the California MTUS/ACOEM states lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The clinical documentation does not show evidence to prove the benefits or why there is a need for the lumbar support. The injured worker continues to complain of intermittent back pain. There is a lack of documentation of medication and effectiveness toward pain. Also, there is a lack of clinical information demonstrating the overall effectiveness of the prior chiropractic sessions. Therefore, the request for chiropractic 2 times a week for 4 weeks is not medically necessary and appropriate.