MAXIMUS Federal Services

Case Number:	CM14-0121771		
Date Assigned:	09/16/2014	Date of Injury:	03/06/2013
Decision Date:	10/22/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/01/2014

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 General Surgery, has a subspecialty in Surgical Critical Care 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 68 year old female with a reported date of injury on March 16, 2013. The mechanism of injury is described as a fall causing blunt trauma. A progress report dated June 23, 2014 indicates complaints of head, back, knee, and shoulder pain. The pain is improved with exercise. At the time of this visit the injured worker was noted to be receiving chiropractic treatment. It is also noted that the injured workers treatment has included physical therapy and chiropractic care but the number of actual completed visits is unknown. Another progress note dated August 18, 2014 by the same treating physician noted 25% decrease in ROM to the lumbar spine. The treating physician adjusted chiropractic care from three times a week, down to two times a week in August. It is noteworthy that on the July visit, chiropractic treatment was recommended at three times per week for one month. A prior utilization review determination resulted in denial of twelve sessions of chiropractic treatment on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic treatments, lumbar and cervical spine, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Manipulations

Decision rationale: The claimant is a 68 year old female with a reported date of injury on March 16, 2013. The mechanism of injury is described as a fall causing blunt trauma. The claimant has chronic pain about head, back, knee, and shoulder. The claimant has undergone previous chiropractic care for 12 sessions. It appears the claimant has finished 14 sessions. There is no documentation with regards to previous chiropractic that had been undertaken. The office note of 8/12/14 reveals the claimant to have decreased in lateral bending, right and left flexion and extension of the lumbar spine by 25%. Yet there is no objective documentation of any functional gains to warrant continued chiropractic care. Therefore, the requested chiropractic care is not medically necessary.