

Case Number:	CM14-0144180		
Date Assigned:	09/12/2014	Date of Injury:	05/13/2011
Decision Date:	11/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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 licensed in Chiropractic, has a subspecialty in Chiropractic Sports 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 is a 64 year old male who was injured on 5/13/11 by unknown mechanism of injury. According to the records the diagnosis are cervical spine strain, bilateral shoulder strain, bilateral elbow strain, bilateral wrist/hand strain, bilateral knee internal derangement, bilateral ankle/foot strain, lumbar radiculitis with disc disease as well as heart and other problems. According to the records the patients overall health is poor. The patient has received prior treatment in the form of medications, epidurals; physical therapy, acupuncture and chiropractic care for an unknown amount and response to care. There have not been any documented objective measurable gains in functional improvement demonstrated. The injured worker did receive 40% Whole Person Impairment. Apparently MRI's and EMG studies have been completed but no results were found in the records. The doctor is requesting Chiropractic once a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic once a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 59.

Decision rationale: According to the MTUS Chronic pain guidelines the doctor needs to show "objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." This has not been documented. Also the previous amount of chiropractic care and the patient's response to care would be necessary. Therefore, the treatment is not medically necessary.