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| Case Number: | CM14-0166272 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 06/20/2014 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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 a licensed Chiropractor & Chiropractic Sports Physician, 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 46 year old male who was injured on 6/20/14 while driving as a front seat passenger coming off of the freeway at approximately 30mph when they were hit very hard from the side. He suffered from neck pain, low back pain and right shoulder pain due to this auto accident. His diagnosis is right shoulder strain/sprain, cervical strain/ sprain and lumbar strain/sprain with DJD. The amount of previous care and the patient's response to care is not documented. He has apparently received a lot of treatment but no documentation to show the care. No MRI's or NCV/EMG studies were available for review. X-rays of the lumbar spine on 7/29/14 revealed lumbar spine degenerative changes at T12, L1 and L5. The doctor is requesting chiropractic treatment 3x/week for 4 weeks or 12 visits for the lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3x week x 4 weeks to lumbar spine and right shoulder: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that a trial of 6 visits over 2 weeks should be completed and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks is possible. The amount of previous care and the patient's response to care has not been documented. Therefore the Chiropractic visits of 3x/week for 4weeks are not medically necessary.