MAXIMUS Federal Services

Case Number:	CM14-0170156		
Date Assigned:	10/20/2014	Date of Injury:	03/03/2014
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 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 51 years old male who was injured on 3/3/14 while working as a truck driver he " fell backwards pulling on tandems of the trailer fell forcefully backwards hitting his head with loss of consciousness." He also suffered a laceration on the back of his head as well as injuries to his neck, back and hip. The diagnosis are head laceration, concussion with LOC, cervical strain, lumbar strain w/ left radiculitis and hip contusion. Prior treatment has consisted of medication, injections, physical therapy, and chiropractic care with no specific amounts of care as well as how the patient responded to care using objective measurable gains in the records.A MRI of the brain on3/7/14 was normal.A MRI of the lumbar spine on 10/6/14 revealed mild DJD at L4-5, L3-4 mild foraminal stenosis, L4-5 mild left lateral stenosis near left L5 nerve root as well as mild to moderate left & mild right foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic visits for lumbar QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 59.

Decision rationale: The records do not reveal the amount of previous treatment and how the patient responded to care. The records do not give objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Therefore 6 chiropractic treatments for no specific period of time is not medically necessary per the above MTUS Guidelines.