MAXIMUS Federal Services

| Case Number: | CM14-0033669 | | |
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| Date Assigned: | 06/20/2014 | Date of Injury: | 12/26/2013 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/19/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

## 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 Chiropractics 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 claimant is a 41-year-old female who was involved in a work injury on 12/26/2013 the injury was described as the claimant started to walk backwards with a ladder she tripped on a trolley that she did not see at the time. The patient immediately felt a pulling sensation to her whole left side of the body. The claimant was referred to [redacted] for complaints of lower back pain. The claimant reportedly received 2 sessions of physical therapy. The claimant then sought legal representation and was referred to the office of [redacted], on 1/15/2014 for complaints of neck, back, left shoulder and left lower extremity complaints. An examination was performed that revealed a significant reduction in cervical, lumbar, and left shoulder ranges of motion findings. There are also multiple positive orthopedic tests. The claimant diagnosed with cervical, thoracic, lumbar, and left shoulder, left ankle, left foot, left knee, and left hip sprain/strain. The recommendation was for a course of chiropractic treatment at 2 times per week for 6 weeks. The requested 12 treatments per the DFR dated 1/15/2014 was denied by peer review on 2/19/2014. The purpose of this review is to determine the medical necessity for the requested 12 treatments.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy x 12:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** The medical necessity for the requested 12 treatments was established. This claimant was involved in a work injury on 12/26/2013. The claimant presented to the office of [redacted], on 1/15/2014 complaining of neck and back pain. Given the clinical findings on examination a course of chiropractic treatment could be considered appropriate. The ACOEM guidelines chapter 12, page 298 indicates that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy; page 299 indicates that if manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. The requested 12 treatments are consistent with this guideline. Therefore, the requested service is medically necessary.