

Case Number:	CM14-0075739		
Date Assigned:	07/16/2014	Date of Injury:	03/05/2014
Decision Date:	09/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/24/2014

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 Physical Medicine & Rehabilitation, 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 female who was involved in a motor vehicular accident on March 5, 2014 and sustained multiple injuries. The injured worker was initially seen by the treating physician on April 8, 2014 with complaint of continuous headaches with nausea, dizziness, ringing in both ears, loss of equilibrium, problems with memory and focusing, feeling of lethargy, and difficulty sleeping. She also complained of constant pain in her neck that traveled to her shoulders extending to her upper back with associated numbness and tingling sensation. She also had complaint of persistent lower back pain that radiated to her mid and upper back with numbness and tingling sensation in her leg. Additionally, the injured worker complained of continuous pain in her left knee with clicking, popping, locking, episodes of swelling, and giving out causing her to lose her balance. Physical examination revealed tenderness and spasm were present over cervical and lumbar paraspinal muscles. Ranges of motion of the cervical and lumbar spine were restricted. Bilateral Straight leg raising test was positive. The injured worker returned from April 22, 2014 to June 2, 2014 with no significant change in her condition. Objective findings through this period remained unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic three (3) times a week for four (4) weeks for HA, Knee, and Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 59.

Decision rationale: According to the initial comprehensive report of the treating physician dated April 8, 2014, under history of treatment, it specifies that the injured worker had completed a course of acupuncture and chiropractic treatment which have been helpful. Although the injured worker still presented with functional limitation, quantitative functional benefits were however not documented. Furthermore, total quantity of treatment sessions attended was not specified. The California Medical Treatment Utilization Schedule guidelines specifies that substantive, measurable functional gains with remaining functional deficits must be achieved to support continuing chiropractic care or follow-up course of treatment consisting of another 4-12 visits. Therefore, in the absence of pertinent information required to make prudent decision, the request for 12 sessions of chiropractic treatment (three times a week for four weeks) for headache, knee, and lumbar spine is not medically necessary.