

Case Number:	CM14-0173020		
Date Assigned:	11/17/2014	Date of Injury:	06/09/2014
Decision Date:	01/05/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 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:

According to the available medical records, this is a 28 year old male with complains of lower back pain and left wrist pain, date of injury is 06/09/2014. Previous treatments include medications, LSO, modified work, chiropractic and physiotherapy. Progress report dated 09/16/2014 by the treating doctor revealed the injured worker had low back pain, right wrist pain, and bilateral leg pain. The patient is wearing hand brace and lumbar belt for 8 hours per day. Objective findings include lumbar spine ROM: flexion 50, extension 15, lateral flexion 15 degrees bilaterally, muscle guarding of lumbo-pelvic region and right piriformis, positive straight leg raises test on the right, positive Kemp's on the right, altered sensation of right posterior knee, positive Heel/toe, and hand grip strength weaker on the right. Diagnoses include lumbar sprain/strain, r/o lumbar disc, wrist pain, and radiculitis. The patient remained off-work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation and physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG)

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

Decision rationale: The injured worker presents with ongoing low back pain and right wrist pain. Review of the available medical records showed he has had 12 chiropractic and physiotherapy visits with no evidences of objective functional improvement. Progress report dated 09/16/2014 revealed similar subjective and objective findings with those on the initial report dated 07/31/2014, and the injured worker remained off work. Based on the guidelines cited, this request is not medically necessary.