

Case Number:	CM14-0187018		
Date Assigned:	11/17/2014	Date of Injury:	01/15/2014
Decision Date:	01/07/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Chiropractic, has a subspecialty in Acupuncture 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 28 year old male who reported neck, mid back, low back, right shoulder/knee pain from injury sustained on 01/15/14 after the injured worker was involved in a motor vehicle accident when his car was T-boned. Magnetic resonance imaging (MRI) of the lumbar spine revealed multilevel disc protrusion. Injured worker is diagnosed with cervical spine musculoligamentous sprain/strain with history of right upper radiculitis; right shoulder pre-scapular strain with impingement, bursitis and tendinitis; right wrist/hand strain; thoracic sprain/strain; right sacroiliac joint pain; status post right knee contusion and strain with resultant patellofemoral arthralgia. Injured worker has been treated with medication, therapy and chiropractic. Per chiropractic progress notes dated 08/22/14, "injured worker was able to complete all exercises". Per medical notes dated 08/26/14, injured worker complains of neck, mid back, low back pain, right shoulder, and right knee pain rated at 5/10. Pain is intermittent. Provider requested additional 2X4 chiropractic treatments which were denied by the Utilization review on 10/17/14. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a injured worker who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions for the Cervical, Thoracic, Lumbar Spine, Right Shoulder/Knee (2 Times a Week for 4 Weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: Medical reports reveal little evidence of significant changes or improvement in findings, revealing an injured worker who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, the request for Chiropractic Sessions is not medically necessary.