

Case Number:	CM14-0201205		
Date Assigned:	12/11/2014	Date of Injury:	01/08/2014
Decision Date:	01/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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 Chiropractor (DC), 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 66 year old male who was injured on 01/08/14 while driving a forklift at work an 8k hammer fell which made his forklift bounce 3 feet off the ground twice. The patient complained of head pain, neck pain, and low back pain. He was diagnosed with Cervical & lumbar strain/sprain, left sciatica, Multi-level degenerative disc protrusions(worst at C6-7) of the cervical spine with foramina stenosis per 2/25/14 MRI, multi-level degenerative disc protrusions (largest at L4-5) of the lumbar spine with left foraminal stenosis per 2/25/14 MRI. Treatment has consisted of medications, and physical therapy. No previous chiropractic care has been documented and how the patient responded to care if received. The patient is apparently not a surgical candidate and is allergic to steroids so no medications or injections were administered. The patient received a 10% WPI according to the orthopedic P&S report dated 5/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care 3 x week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested 3x4 or 12 visits which is not according to the guidelines and is therefore not medically necessary.