

Case Number:	CM14-0075463		
Date Assigned:	08/20/2014	Date of Injury:	10/03/2013
Decision Date:	03/30/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 53 year old male with an industrial injury dated 10/03/2013. The mechanism of injury is documented as occurring while involved in a search warrant; fell backwards while opening a lock landing on his back resulting in pain in the neck, upper and low back. The most current progress note available is dated 12/09/2013 at which time the injured worker was complaining of low back pain. Prior treatments include medications, heat pad and physical therapy. Diagnosis was lumbago. On 05/08/2014 utilization review non-certified the request for Chiropractic care 2 times a week for 4 weeks. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 2 times a 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 Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s).

Decision rationale: The 12/8/13 DFR addresses the patients mechanism of injury and presenting complaints. Aside from reported level 6-7/10 pain experienced on an intermittent basis, no functional deficits were reported for the requested Chiropractic care, 2x4 to improve. The patient appeared to be in active physical therapy at the time of the Chiropractic request leaving no rationale for concurrent application of manual therapy/moralities from he Chiropractor. The care requested exceeded guidelines that recommend an initial course of care, 6 sessions. The denial citing CA MTUS Chronic Treatment Guidelines was appropriate and consistent with the clinical findings of the initial evaluation of 12/8/13.