

<b>Case Number:</b>	CM15-0101144		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 40 year old male, who sustained an industrial injury on 5/20/14. He reported initial complaints of closed head injury/trauma. The injured worker was diagnosed as having closed head injury; cervicgia; cervical spinal stenosis; lumbar radiculopathy. Treatment to date has included chiropractic care; medications. Currently, the PR-2 notes dated 3/10/15 indicated the injured worker who suffers from traumatic brain injury. He states he is now back to work with full duties. He continues to have intermittent headaches and light sensitivity. Otherwise he feels he has made an improvement. His headaches occur at random. Objective findings note coordination of arms and legs as normal without dysmetria or pathological reflexes. He is oriented times four; mood and affect normal. His gait is good, regular, tandem, heel and toe gait. The provider treatment plan includes medication refills. He has also requested Chiropractic treatment (12 sessions per request dated 4/13/2015) for continued neck and back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** According to the MTUS guidelines, chiropractic manipulation is recommend as a trial of 6 visits over 2 weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. Based on the medical records, the current prescription for chiropractic would be best evaluated as an initial trial for which the guidelines recommend 6 visits. However, the provider's request for 12 chiropractic treatment exceeds the guidelines recommendation and therefore is not medically necessary at this time.