

Case Number:	CM15-0143653		
Date Assigned:	08/04/2015	Date of Injury:	03/17/2013
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/24/2015

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, Minnesota

Certification(s)/Specialty: Chiropractor

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 39 year old male, who sustained an industrial injury on 3-17-2013. He reported multiple acute trauma type injuries when an automobile pinned him against a wall resulting in head trauma, fracture of left pelvis and acetabulum, and possible fracture of the left orbit, and pain in the neck, low back, bilateral shoulders, ribs, and knees. Diagnoses include lumbosacral sprain, post-traumatic stress disorder, impingement syndrome, orbital fracture, knee strain, sacroiliitis, and depression. Treatments to date include activity modification, ice and heat, medication therapy, physical therapy, acupuncture treatments, and lumbar epidural injections. Currently, he complained of ongoing pain in the left hip, bilateral knee, bilateral shoulder and low back. On 6-24-15, the physical examination documented tenderness in lumbar region and left sacroiliac joint. The plan of care included six chiropractic sessions to treat lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6 sessions to the lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2015, Neck and Upper Back (Acute& Chronic) Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58&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 has requested 6 chiropractic sessions to the lumbar spine over an unspecified period of time. The request for treatment (6) is within the recommended guidelines (6) above, and therefore the treatment is medically necessary and appropriate. In order to receive further treatment the doctor must document objective functional improvement from these initial 6 approved treatments.