

Case Number:	CM15-0043063		
Date Assigned:	03/13/2015	Date of Injury:	08/02/2014
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/06/2015

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 26 year old male who sustained an industrial injury by assault from co-workers on August 2, 2014. Initial emergency room X-rays were reported as negative for fractures. The injured worker was diagnosed with lumbar spine disc protrusion, left knee degenerative joint disease, cervical spine disc protrusion, left shoulder tendinosis, cerebral contusion, right shoulder sprain/strain and left foot/ankle sprain/strain. Diagnostic testing consists of magnetic resonance imaging (MRI) of the cervical spine on November 10, 2014, magnetic resonance imaging (MRI) of the left knee on November 10, 2014, magnetic resonance imaging (MRI) of the left shoulder on November 5, 2014, and magnetic resonance imaging (MRI) of the lumbar spine on November 4, 2014. The primary treating physician's progress report on February 6, 2015 documented subjective and objective findings along with treatment plan for physical therapy, 6 sessions of acupuncture therapy and the current request for chiropractic therapy sessions weekly for 4-6 weeks. No medications were listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 1 Time A Week for 4-6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 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 chiropractic treatment 1 time per week for 4-6 weeks. The requested treatment is not according to the above guidelines and is therefore not medically necessary.