

<b>Case Number:</b>	CM14-0185073		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 licensed in Chiropractic 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:

According to the available medical records, this is a 41 year old male with chronic low back pain, date of injury is 11/15/2013. Previous treatments include medications, physical therapy, home exercises, and work modifications. Permanent and stationary report dated 08/13/2014 by the treating doctor revealed patient had reached maximum medical improvement in regards to his cervical and lumbar spine. His current low back pain rates at 5/10. Lumbar spine examination revealed lumbar paraspinal tenderness, guarding, spasm, ROM decreased with pain. X-rays of the lumbar spine are grossly within normal limits. MRI of the lumbar spine revealed no evidence of a spinal fracture, no significant spinal stenosis or herniated nucleus pulposus. Diagnoses include severe concussion and closed head injury, post concussive disorder, musculoligamentous strain/sprain, cervical spine, with chronic neck pain, contusion, musculoligamentous strain/sprain, lumbar spine, with chronic low back pain. Work status report dated 10/15/2014 by the requesting doctor revealed patient's condition has improved by slower than expected. Diagnoses include head injury NOS, altered mental status, concussion w/o coma, postconcussion syndrome. Treatment plan include continue chiropractic 2x6, referral to neurologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial chiropractic treatment; 2 times a week for 6 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 Page(s): 58-59.

**Decision rationale:** The claimant presents with postconcussion syndromes and chronic low back pain. The available medical records showed the claimant's neck and low back conditions are permanent and stationary as of 08/13/2014. While there is no flare up reported, the requesting doctor's report on 10/15/2014 did not show any subjective and objective findings for the neck and low back. There is no diagnoses and no document of functional deficits from this claimant's neck and back conditions. Based on the evidences based guidelines, the request for chiropractic treatment, 2 times a week for 6 weeks, is not medically necessary.