

Case Number:	CM14-0094360		
Date Assigned:	07/25/2014	Date of Injury:	01/20/2014
Decision Date:	10/14/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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:

The injured worker is a 46 year old male who sustained injuries to his back, right shoulder, right knee, and upper extremities when he was struck from behind by another truck; he lost control of his truck and veered into the right, striking a car on the train. Date of injury is reported as 1/20/14. The injured worker was transported to the emergency room via ambulance, examined, and transferred to an additional facility. He was examined and plain radiographs were obtained. MRI of the lumbar spine without contrast dated 03/26/14 revealed at L3-4 there was 4mm right neural foraminal disc protrusion resulting in abutment of exiting right L3 nerve root with right neural foraminal narrowing; posterior annular tear; L4-5 3mm right neural foraminal disc protrusion with abutment of exiting right L4 nerve root; transitional L5 vertebra. Electrodiagnostic studies on 04/21/14 revealed evidence of mild acute C6 left radiculopathy. Progress report dated 03/27/14 noted that the injured worker complained of constant left low back pain which he described as sharp, stabbing, and dull and achy at 8/10 VAS with associated numbness/tingling in the left lower extremity. The injured worker noticed that his pain was worsening and traveled into the left leg/foot. There was also weakness of the left leg and giving way, stiffness and soreness in the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2XWK X 6WKS SPINAL QTY 12: Upheld

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

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

Decision rationale: Previous request was denied on the basis that based on the clinical documentation submitted for review and evidence based peer reviewed guidelines the request for two chiropractic two times a week times six weeks for unspecified spinal region was not deemed as medically appropriate. The CAMTUS recommends a trial of six visits over two weeks, with evidence of objective functional improvement, total of 18 visits over six to eight weeks may be warranted. No information was submitted indicating the amount of chiropractic manipulation visits the injured worker has completed to date or response to previous chiropractic manipulation treatment. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of chiropractic manipulation visits. Given this, the request for chiropractic two times a week times six weeks spinal, for 12 visits is not medically necessary.