

Case Number:	CM15-0017368		
Date Assigned:	02/05/2015	Date of Injury:	12/17/2014
Decision Date:	03/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/29/2015

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 47 year old male, who sustained an industrial injury on 12/17/14. On 1/29/15, the injured worker submitted an application for IMR for review of Additional Chiropractic Evaluation, and Chiropractic Treatment 3 Times A Week for 2 Weeks for The Lumbar Spine. The treating provider has reported the injured worker complained of low back pain described as dull, mild to moderately severe and constant per note of 1/13/15. There has been a request for a CT lumbar spine but not resulted. The CT is ordered instead a MRI due to "has a metal fragments from prior gunshot wound." A claim diagnoses have included is not noted. Treatment to date has included analgesic medications, physical therapy and chiropractic care (6). On 1/13/15 Utilization Review non-certified Chiropractic Treatment 3 Times A Week for 2 Weeks for The Lumbar Spine. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ACOEM Guidelines-2nd edition

Decision rationale: According to the ACOEM Guidelines above, all new medical conditions or exacerbations of chronic medical conditions should be evaluated and treated according to the best clinical practices. The doctor has requested a chiropractic evaluation. The request is per the above guidelines. Therefore the chiropractic evaluation is medically necessary.

Chiropractic Treatment 3 Times A Week for 2 Weeks for The Lumbar Spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ACOEM guidelines-2nd edition

Decision rationale: The date of injury was 12/17/2014. The requested treatment of 6 additional treatments on 01/13/15 is within the acute to subacute phase of care which can last up to 3 months. The patient has up to 24 visits in this phase to treat this injury chiropractically and has only used 6 treatments so far. According to ACOEM guidelines above, all new conditions or exacerbations of chronic medical conditions should be evaluated and treated according to the best clinical practices. 6 more treatments of chiropractic care is within the guidelines and is medically necessary and appropriate. The doctor in the future needs to show objective functional improvement in the records to receive further care.