

<b>Case Number:</b>	CM15-0121444		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	04/22/2015
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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

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 46 year old male, who sustained an industrial injury on 4/22/2015. He reported a fall from a ladder, approximately 8 feet, onto his back. He noted immediate disorientation and pain in his right foot/heel and bilateral knees. He also noted pain in his abdomen, low back, and neck later in the evening. He reported hearing loss for about an hour and current feelings of "fullness" in his right ear and headaches. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain, bilateral knee sprain with patellofemoral arthralgia, right foot sprain, post traumatic headaches with hearing residuals, and gastrointestinal complaints. Treatment to date has included x-rays, a pain injection (unspecified), and medication (unspecified). Currently, the injured worker complains of low back pain radiating to the lower extremities, neck pain, bilateral knee pain, right heel pain, abdominal pain, sleep difficulty, gastrointestinal upset, and headaches. Medication use was not noted. The treatment request dated 6/11/2015 included chiropractic services with exercises, modalities, manipulation, and myofascial release, 3x4. His work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic services with exercises, modalities, manipulation and myo fascial release for the neck in house 3 times a week for 4 weeks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** The medical necessity for the requested 12 chiropractic treatments is established. The claimant fell approximately 8 feet from a 10 foot ladder resulting in multiple injuries. The claimant sustained multiple injuries but went home. The following day the claimant presented to his medical provider and was prescribed medication. The employer did not provide any medical attention. On 5/29/2015 the claimant presented to the office of [REDACTED], for an initial evaluation. The recommendation was for a course of chiropractic treatment at 3 times per week for 4 weeks in addition to a home interferential unit. The request for 12 treatments was denied by peer review. The rationale was that the claimant "has had adequate therapy and chiropractic care for this chronic condition". There is no evidence that the claimant received any therapy or chiropractic care. Moreover, at the time of this request the claimant's condition was not chronic. In fact the claimant was still in the subacute phase. I have reviewed the documentation provided for the initial peer review and found no evidence to support the reviewer's assertion that the claimant had received any treatment. ACOEM guidelines chapter 12, page 298 indicates that "manipulation appears safe and effective in the first few weeks of back pain without radiculopathy." Page 299 indicates that "if manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated." The requested 12 treatments are consistent with this guideline. Given the clinical findings on examination and the mechanism of injury, the requested 12 chiropractic treatments are medically necessary.