

Case Number:	CM15-0071737		
Date Assigned:	04/21/2015	Date of Injury:	05/02/2014
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/15/2015

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 44 year old male, who sustained an industrial injury on 05/02/2014. The initial complaints or symptoms included pain/injury to the back, bilateral shoulders, bilateral knees, and left leg as a result of a motorcycle accident while working. The injured worker was diagnosed as having a traumatic spinal cord injury, bilateral pneumothorax, right shoulder infraglenoid dislocation, and left rotator cuff injury as well as multiple other diagnoses. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, injection to the left shoulder, T12-L1 laminectomy, discectomy and arthrodesis, conservative therapies (including physical therapy, rehabilitation and acupuncture), and right shoulder surgery. Currently (per the latest progress notes dated 02/18/2015), the injured worker complains of ongoing bilateral shoulder pain and ongoing weakness and loss of sensation in the left lower extremity. The diagnoses include spinal cord injury with ongoing complete weakness in the left lower extremity with loss of sensation and ongoing weakness of the ankle, left lower extremity radicular symptoms, and bilateral shoulder pain. The treatment plan consisted of referral to orthopedic surgeon for left knee, continued chronic pain management, AFO for the right lower extremity, and follow-up. The request for authorization and exam pertaining to the denied services (10 chiropractic treatments for the low back) were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 10 visits for low back: Upheld

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

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 10 visits of chiropractic care for an unspecified period of time. This request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.