

Case Number:	CM15-0078263		
Date Assigned:	04/29/2015	Date of Injury:	04/04/2014
Decision Date:	05/26/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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, 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 29 year old male with an industrial injury dated 04/14/2014. His diagnoses included accidental fall from a 10 foot wall, head contusion, concussion with brief loss of consciousness, headache, cervical sprain/strain, left shoulder fracture of clavicle, left shoulder tendinosis, lumbar sprain/strain, and disc protrusion, lumbar and radiculitis, lumbar. Prior treatments included 24 physical therapy visits, diagnostics and medications. He presents on 03/03/2015 with complaints of headaches, neck pain, low back pain and left shoulder pain. Physical exam of the cervical spine revealed 3 plus tenderness to palpation of the cervical paravertebral muscles with decreased range of motion. There was 3 plus tenderness to palpation of the lumbar paravertebral muscles. Lumbar ranges of motion were decreased and painful. Left shoulder range of motion was decreased and painful. Treatment plan included chiropractic treatment, physiotherapy and kinetic activities. Other treatment plans were referral to orthopedic specialist and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Chiropractic sessions, 2-3 times a week for 6 weeks, left shoulder, lumbar spine, cervical spine: 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 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 requested 18 chiropractic sessions, 2-3 times per week for 6 weeks, left shoulder, lumbar spine and cervical spine with no amount of previous care given as well as how the patient responded to that care using objective functional improvement. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary.