

Case Number:	CM14-0032013		
Date Assigned:	06/20/2014	Date of Injury:	01/01/2010
Decision Date:	11/10/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/13/2014

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 Licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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 patient is reported to be a 50 year old male with a reported date of injury of 1/1/2010; claimant working as a fireman fell through a roof sustained 2nd/3rd degree burns over approximately 40% of his body. Chiropractic/massage therapy was recommended by the PTP, completing 6 sessions of Chiropractic and 2 sessions of massage prior to the UR determination of 3/5/2014. A UR review/determination followed a request for additional Chiropractic care (16 sessions and 2 massage sessions); a modification was recommended: 6 Chiropractic and 2 massage visits were certified per UR determination of 3/5/14; the remaining 10 sessions of Chiropractic care was denied. CAMTUS Chronic Treatment Guidelines were offered regarding the request for additional care, 16 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) chiropractic treatment sessions for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy Page(s): 298-9.

Decision rationale: The CAMTUS Chronic Treatment Guidelines recommend manual therapy up to 18 visits over 6-8 weeks following an initial trial of care, 6 visits. The medical records provided for reviewed initially supported 6 Chiro/2 massage visits leading to the UR review of 3/5/14 where evidence of improvement was provided to support an additional 6 visits; 16 additional sessions exceeded referenced guidelines and were appropriately denied. The recommendation for 6 additional manipulations/2 massage sessions is consistent with reported benefit. Additional care beyond the second certified course of care would require additional reporting of functional improvement prior to consideration of care beyond the 12 certified visits. The prior UR determination of 3/5/14 denying the request for 16 additional Chiropractic visits was consistent with referenced reviewed documents and CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.