

Case Number:	CM14-0167838		
Date Assigned:	10/31/2014	Date of Injury:	07/30/2012
Decision Date:	01/09/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 Board Certified 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:

A UR determination of 9/16/14 partially certified Chiropractic dates of service 2/13/14 through 3/10/14, 12 visits of 31 submitted for reimbursement. This followed a review of submitted records addressed as SOAP's reviewed from 2/13/14 through 4/14/14. Through 4/14/14 the patient was addressed as improving; 20% relief from applied care; VAS: 2/10. Provider was requesting additional Chiropractic care, 12 sessions (3x4). The UR determination found clinical evidence of functional improvement after the initial 6 dates of service sufficient to certify and additional 6 sessions or 12 total from 2/13/14. Records reflected a plateau in improvement with the 12 sessions. The medical necessity for care beyond 12 sessions was not provided. CAMTUS Chronic Treatment Guidelines, Ch.4.5, article 5.5.2 MTUS pages 58-60 offered as evidence based support for the determination. A 10/13/14 addendum to the Application for IMR addressed the patient's diagnoses: cervical sprain/strain superimposed on cervical disc bulges/stenosis; bilateral CTS, right greater than left; lumbar sprain/strain annular tears/without stenosis L-3/4 and L-5/S-1; right knee sprain/strain with subtle evidence of meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Chiropractic sessions cervical/thoracic/lumbar for DOS: 3/20/14, 3/24/14, 3/31/14, 4/7/14, 4/11/14, 4/14/14, 4/23/14, 4/30/14, 5/21/14, 5/28/14, 6/11/14, 6/13/14, 6/18/14, 6/25/14, 7/2/14, 7/9/14, 8/7/14, 8/13/14, 8/21/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The UR determination of 9/16/14 followed a review of clinical SOAP notes for dates of service 2/13/14-8/21/14. Of the 31 dates of service, the initial 6 Chiropractic visits offered sufficient clinical evidence of functional improvement that per CAMTUS Chronic Treatment Guidelines would support consideration of additional care that in this case was an additional 6 sessions or 12 visits through 3/10/14. A review of SAOP's beyond 3/10/14 failed to address further gains in ADL, lessening in medical management or return to work status sufficient to support the additional dates of service through 8/21/14. Therefore, the request is not medically necessary.