

Case Number:	CM14-0191806		
Date Assigned:	11/25/2014	Date of Injury:	12/17/2013
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

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 a licensed Doctor of 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 41 year old male with a 12/17/13 date of injury; the patient reported being struck by a gate that had fallen off its hinges. Chiropractic care was obtained by two providers, [REDACTED] on January 13, 2014 and [REDACTED] on February 21, 2014. Records are unclear as to the number of completed visits prior to the Chiropractic QME from [REDACTED]. QME [REDACTED], DC who opined in her report of 8/4/14 the patient obtaining relief with LESI injection and minimal benefit with Chiropractic care; recommendation was for a second LESI and discontinuation of Chiropractic care. Following a request for additional Chiropractic care, a UR determination dated 10/30/14 denied further care stating the patients lower back and radicular symptoms had worsened with no clinical evidence that following an initial trial of Chiropractic care, no documented evidence of functional improvement, a requirement of the CAMTUS Chronic Treatment Guidelines for consideration of additional care was provided leading to a UR determination of denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy, 1 time a week for 6 weeks to the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The patient is reported to be a 41 year old male with a 12/17/13 date of injury; the patient reported being struck by a gate that had fallen off its hinges. The patient obtained Chiropractic care from 2 providers for management of chronic lower back pain with radicular involvement. The request for additional Chiropractic care followed a reported worsening of the patients lower back/leg symptomatology under Chiropractic management leading to a UR determination that absent clinical evidence of objective clinical evidence of functional improvement, further Chiropractic care 1x6 would be denied. CAMTUS Chronic Treatment Guidelines supports additional care when after a 3-6 visit trial evidence of functional improvement is provided supporting additional care. This evidence was not provided leading to the appropriate UR determination to deny further Chiropractic care, 1x6. Therefore the request is not medically necessary.