

Case Number:	CM14-0199364		
Date Assigned:	12/09/2014	Date of Injury:	09/12/2011
Decision Date:	08/31/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 61 year-old female who sustained an industrial injury on 09/12/11. Initial diagnoses are not available. Current diagnoses include lumbar facet syndrome, low back pain, knee pain, pain in joint lower leg, and wrist pain. Diagnostic testing and treatment to date has included radiographic imaging, surgery, chiropractic care, and physical therapy in which her progress is improving. Currently, the injured worker complains of low back pain; previous chiropractic care helped. Requested treatments include additional chiropractic therapy x 2-3 visits for the low back. The injured worker is under temporary total disability. Date of Utilization Review: 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic therapy x 2-3 visits for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 11/25/14 UR determination denied the treatment request for an additional 2-3 Chiropractic visits to the patients lower back citing CA MTUS Chronic Treatment Guidelines. The patient was provided a trial of care, 5 sessions of Chiropractic care prior to this additional treatment recommendation but the reviewed medical records do not reflect functional improvement documented prior to the reported exacerbation where additional care was requested. The medical necessity for additional 2-3 sessions of Chiropractic care was not provided in the reviewed medical records; CA MTUS Chronic Treatment Guidelines do support 2 additional sessions transitioning to a HEP program.