

Case Number:	CM14-0205625		
Date Assigned:	12/17/2014	Date of Injury:	01/04/2014
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Chiropractor (DC), 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 22 year old male injured on 1/4/14 (reported a cumulative trauma from 2/5/13-1/4/14). Orthopedic injuries were claimed for the lower back with radiation to the right leg and right wrist/hand pain. On 11/14/14 provider [REDACTED] from the [REDACTED] office requested 12 Chiropractic visits for management of the patient lower back diagnosed as lumbar sprain/strain, disc disease w/o myelopathy and lumbago. The patient's lower extremity examination was normal for light touch sensation. Concurrently the patient was to obtain lower back injections from [REDACTED]. The request for Chiropractic care 12 sessions was reviewed on 11/21/14 and denied. The report and reviewed documents failed to address the patient's prior history of Chiropractic care along with the requested 12 sessions exceeded CAMTUS Chronic Treatment Guidelines that recommend 6 visits over a 2 week with evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation; Physical Medicine Page(s): 58-60;. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back; Physical Therapy

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

Decision rationale: The CAMTUS Chronic Treatment Guidelines support therapeutic care with a trial of 6 manual therapy visits over a two week period leaving the request for 12 sessions to manage the patients lower back in excess of guidelines and therefore appropriately denied by UR on 11/21/14. The failure of the requesting provider to document the patients prior treatment history of Chiropractic care was also denied and an appropriate determination. The CAMTUS Chronic Treatment Guidelines require the provider to document functional improvement after an initial trial of care up to a total of 18 sessions. Without the patient's prior history of applied care the determination of functional gain as required would not be able to calculate leaving no ability to determine improvement. The denial was consistent with referenced Guidelines. As such the request is not medically necessary.