

Case Number:	CM14-0208989		
Date Assigned:	12/22/2014	Date of Injury:	09/03/2013
Decision Date:	02/18/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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 patient is reported to be a 50 year old male involved in an industrial auto accident on 9/3/13. The medical records contained several UR denials of requested Chiropractic care the most recent being the request for 10/15/14 requesting additional Chiropractic care, 12 sessions. The prior UR determinations addressed the provider's failure to address the functional improvement documented on reexaminations. The 10/15/14 PR-2 again requested additional Chiropractic care, 12 sessions acknowledging the prior denial of care but no offer to substantiate additional care with the required prerequisite of documented objective evidence of functional improvement. The current denial of 12 additional Chiropractic visits dated 11/11/14 was appropriate and consistent with ODG Treatment Guidelines and CAMTUS Chronic Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional chiropractic and PT sessions neck/lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Treatment Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (20th annual edition) & ODG Treatment in Workers' Comp (13th annual edition); Neck/back.

Decision rationale: The patient is reported to be a 50 year old male involved in an industrial auto accident on 9/3/13. The medical records contained several UR denials of requested Chiropractic care the most recent being the request for 10/15/14 requesting additional Chiropractic care, 12 sessions. The prior UR determinations addressed the provider's failure to address the functional improvement documented on reexaminations. The 10/15/14 PR-2 again requested additional Chiropractic care, 12 sessions acknowledging the prior denial of care but no offer to substantiate additional care with the required prerequisite of documented objective evidence of functional improvement. The current denial of 12 additional Chiropractic visits dated 11/11/14 was appropriate and consistent with ODG Treatment Guidelines and CAMTUS Chronic Treatment Guidelines.