

Case Number:	CM14-0026008		
Date Assigned:	07/11/2014	Date of Injury:	08/11/2000
Decision Date:	01/09/2015	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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 licensed 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:

The patient is reported to be a 67 year old male with an 8/11/2000 date of injury. He was seen by [REDACTED] on 2/6/14 after completing a C-7/T-1 ESI with a reported 90% pain relief. Past medical history includes cervical post laminectomy syndrome (ACDF C-5/7). Norco reduced to 2-3 per day from 6 per day; recent facet rhizotomy of October 11, 2013 with 6 months relief 0-2/10 VAS reported; residual neck discomfort is leading the patient to request additional trigger point injections. Patient recently completed Chiropractic care with [REDACTED] but the number of completed visits not reported. [REDACTED] is requesting additional Chiropractic care for 6 weeks which [REDACTED] stated was recently certified. On 2/20/14 a UR determination denied the request for additional Chiropractic care, 12 sessions stating that this was a duplicate request for care in that [REDACTED] has obtained prior authorization for the requested 12 additional visits. There were no submitted records of any prior certification for 12 additional Chiropractic visits following the reevaluation from [REDACTED] on 2/6/14. The UR determination also opined that the care appears maintenance given the chronicity of complaints and therefore not covered under CAMTUS Chronic Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor 2 times a week for 6 weeks for the thoracolumbar spine: Upheld

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

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

Decision rationale: The referenced CAMTUS Chronic Treatment Guidelines for manual therapy support additional care when objective clinical findings are provided supporting functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The reviewed records support pain management with reduction in medication usage with recent medical procedures of ESI and rhizotomy; there is no reference to any functional recovery following Chiropractic care provided by [REDACTED]. Absent any medical records certifying these requested visits prior to the UR determination of 2/20/14 and clinical evidence that prior Chiropractic care lead to functional improvement, the UR determination denying further care was appropriate and supported by CAMTUS Chronic Treatment Guidelines, 2009; 9294.2; pages 58/59: manual therapy and manipulation.