

Case Number:	CM14-0213873		
Date Assigned:	12/31/2014	Date of Injury:	07/30/2009
Decision Date:	04/22/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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 40 year old male injured worker suffered an industrial injury on 7/30/2009. The diagnoses were lumbar post laminectomy syndrome. The diagnostics included electromyography, lumbar and cervical magnetic resonance imaging. The injured worker had been treated with medications, epidural steroid injections, Acupuncture, spinal surgery, and Chiropractic therapy. On 9/23/2014 and 11/4/2014 the treating provider reported persistent back pain, neck pain and lower back pain in the lower extremities with numbness, tingling sleep problems headaches, depression and anxiety. There was no tenderness or spasms noted and mildly decreased range of motion. The provider noted that the Acupuncture and physical therapy was helping. The injured worker was certified to undergo spinal cord stimulator trial. The treatment plan included 6 additional Chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional Chiropractic sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC: ODG Treatment. Integrated Treatment/Disability Duration Guidelines Neck/Upper/Lower Back (Acute & Chronic) Updated 11/18/14.

Decision rationale: The UR determination of 12/8/14 denied additional Chiropractic care based on reviewed records supported by ODG Treatment Guidelines. Chiropractic care was initiated after the PR-2 of 9/23/14 which addressed the patient's clinical complaints/findings. Comparative examination findings 11/4/14 failed to report and comparative findings supporting objective functional gains following care. The UR determination of 12/8/14 was an appropriate determination and supported by guidelines. The reviewed records failed to report the medical necessity for additional Chiropractic care, 6 visits by outlining by comparative assessment objective clinical findings of improvement required by the ODG Treatment Guidelines. The requested treatment is not medically necessary.