

Case Number:	CM15-0008771		
Date Assigned:	01/26/2015	Date of Injury:	11/05/2013
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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 36 year old female, who sustained an industrial injury on 11/05/2013. The primary physician reported on 12/02/2014 the injured worker presenting with worsening low back pain and leg pain. Numbness in the bilateral feet was presented. She was noted to have tenderness to palpation of the lumbar spine area and myospasm with guarding and weakness. SLR positive on the left. The diagnoses have included lumbar spine sprain/strain possible radiculopathy. Treatment to date has included injections. Evidence of prior chiropractic therapy was noted in the chart; however the number of completed sessions was unclear and no evidence of function improvement was noted. Evidence of 16 certified visits was provided prior to this request; total number of completed visits unknown. Treatment plan included Chiropractic therapy 2 times a week for 4 weeks to the lumbar spine. On 12/19/2014 Utilization Review non-certified Chiropractic therapy 2 times a week for 4 weeks to the lumbar spine. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited relative to the absence of functional improvement prior to this request for care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 Times A Week for 4 Weeks to The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envir.

Decision rationale: The reviewed medical documentation of treatment reflects 16 certified Chiropractic visits to manage the patients lower back and related referral of pain to the lower extremities. The 12/2/14 patient presentation for care was not reported as an improvement over symptoms previously presented that acted as the foundation for referral for Chiropractic management. The number of prior certified visits is reported at 16 with no total amount of care provided or clinical evidence that the applied care through 12/2/14 resulted in any objective clinical evidence of functional improvement as required by the CAMTUS Chronic Treatment Guidelines. The 12/17/14 UR determination denying additional Chiropractic care 2x4 was an appropriate determination and supported by referenced CAMTUS Chronic Treatment Guidelines.