

Case Number:	CM15-0101102		
Date Assigned:	06/03/2015	Date of Injury:	10/19/2011
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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 43 year old male, who sustained an industrial injury on 10/19/2011. He reported injuring his lower back after a fall at work. The injured worker is currently not working. The injured worker is currently diagnosed as having discogenic cervical condition with facet inflammation with right sided radiculopathy, right shoulder impingement with bicipital tendinitis, discogenic lumbar condition with facet inflammation with bilateral radiculopathy, and pelvic mass. Treatment and diagnostics to date has included lumbar spine MRI which revealed the presence of mild annular tears and mild disc bulges in the lumbar spine, Transcutaneous Electrical Nerve Stimulation Unit, back brace, physical therapy, acupuncture, and medications. In a progress note dated 04/21/2015, the injured worker presented with complaints of continued neck pain, headaches, right shoulder pain, and low back pain. Objective findings include cervical, thoracic, and lumbar tenderness. The treating physician reported requesting authorization for chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 x 12 for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/5/15 denied the request for additional Chiropractic care, 12 visits or 1x12 to the patients cervical and lumbar spines citing CAMTUS Chronic Treatment Guidelines. The patients prior medical history of care includes prior management with passive therapies, TENS and bracing with no objective clinical evidence of functional improvement as required by the CAMTUS Chronic Treatment Guidelines. The medical necessity for 1x12 sessions of manual therapy was not supported by the records reviewed or the CAMTUS Chronic Treatment Guidelines.