

Case Number:	CM15-0107100		
Date Assigned:	06/11/2015	Date of Injury:	06/21/2011
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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 56 year old female, who sustained an industrial injury on 06/21/2011. She reported injury to her low back, bilateral hands and wrist, bilateral shoulders and bilateral legs as a result of performing her usual and customary duties. Treatment to date has included medications, acupuncture, physical therapy, chiropractic treatment and epidural steroid injections. According to an Agreed Medical Re-examination dated 02/10/2015, the provider noted that the injured worker seemed to be doing somewhat worse. Her impairment rating was modified. Her whole person impairment rating with respect to the lumbar spine was now 15% from 11%. She continued to work light duties. According to a progress report dated 02/11/2015, low back pain was rated 5 on a scaled of 1-10 with intermittent radiating numbness and tingling to the bilateral feet. Diagnoses included lumbar spine sprain/strain, myospasm and lumbar spine radiculopathy. The treatment plan included CMT and physiotherapy, including myofascial release therapy, home exercise program and dynamic traction. Currently under review is the request for chiropractic therapy for the lumbar spine, 1 time weekly for 12 weeks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, Lumbar Spine, 1 time wkly for 12 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/12/15 denied the request for additional Chiropractic care, 1x12 for management of the lumbar spine citing CAMTUS Chronic Treatment Guidelines. The patients past medical history of applied care included Chiropractic and Acupuncture care reported as helpful but not reflective of documented functional improvement. The records also did not reflect continuing HEP participation. The medical necessity for additional Chiropractic care, 1x12 to the lumbar spine was not supported by reviewed records or supported by referenced CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.