

Case Number:	CM15-0108298		
Date Assigned:	06/15/2015	Date of Injury:	10/23/1995
Decision Date:	08/06/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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 65 year old male, who sustained an industrial injury on 10/23/95. The injured worker has complaints of lower back pain and neck pain, with pain in both thighs and pain in both knees with intermittent pain in his feet. The documentation noted that there is some paracervical tenderness at C7-T1. There is some parathoracic tenderness T1 to T3. The diagnoses have included lumbar strain, evidence of spondylolisthesis L5 and chronic low back pain. Treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs) and vicodin; X-rays showed grade 1 spondylolisthesis of L5 on S1 (sacroiliac) with narrowing of the L5-S1 (sacroiliac) disc space; epidural steroid injection; B12 injections and chiropractic treatment. The request was for 6 chiropractor, 2 times per week for 3 weeks for a total of 6 visits, for symptoms related to the lumbar spine, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractor, 2 times per week for 3 weeks for a total of 6 visits, for symptoms related to the lumbar spine, as an outpatient: Upheld

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

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 5/28/15 UR determination denied the request for an additional 6 Chiropractic visits to manage the patients lumbar spine citing CAMTUS Chronic Treatment Guidelines. The determination addressed the patient's chronic treatment course of almost 20 years many years that included prior Chiropractic care. The records failed to address the prior course of Chiropractic care, the number of complete sessions and evidence of functional improvement if any following care. The medical necessity for continuation of Chiropractic care, 6 sessions was not supported by reviewed medical records or comply with CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.