

Case Number:	CM15-0017704		
Date Assigned:	02/05/2015	Date of Injury:	06/06/2005
Decision Date:	03/20/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/29/2015

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 69 year old male patient, who sustained an industrial injury on 06/06/2005. A new patient visit dated 12/22/2014 reported the patient with subjective complaint of dull back pain, severe and constant. Physical examination found the patient ambulates with normal gait, full weight bearing on bilateral lower extremities. He is with normal posture and noted with tenderness of the thoracolumbar and paravertebral musculature. There is no restriction of the range of motion in the back. He is diagnosed with sprain/strain lumbar. The plan of care involved administration of injection to right buttock of Toradol 60MG and referred to an orthopedist. He is advised to return to work without restrictions. The initial orthopedic evaluation dated 01/08/2015 reported the patient taking Vicodin for pain on occasion. He complains of headache. Physical examination found posture, gait within normal limits. He is noted flexing fingertips approximately 18 inches form floor; this and extension both created pain and he's noted with diffuse tenderness. A straight leg raising test is noted with positive findings of back pain and negative for leg pain. Both motor strength and reflexes are found within normal limits. The hips are without deformity. The pelvis is level. There is no tenderness or spasm noted about the anterosuperior iliac spine (ASIS), greater tuberosity, ischial tubercity, inguinal ligament or other areas about the hip. Hip joint motion is full and equal and diagnostic testing radiography showed no acute results. He is diagnosed with lumbar strain/sprain. A request was made for 6 Chiropractic session treating the lumbar spine. On 01/19/2015 Utilization Review non-certified the request, noting the CAMTUS, Chronic Pain, Manual Therapy and Manipulation

was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic twice a week for three weeks for the lumbar spine: 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 Envir.

Decision rationale: The reviewed medical records including the UR determination of 1/19/15 reflect a prior history of applied manipulation in April 2014 following a gap in care from 2011 through 2014. The 6 Chiropractic visits in April 2014 were provided to the cervical spine and lumbar spine. The treatment request for additional Chiropractic care 2x3 was received on 1/14/15 and failed to address the prior 6 sessions of care as resulting in any functional improvement. There remained clinical evidence of chronic axial and radicular pain despite the prior course of 6 Chiropractic sessions leading the reviewer to deny further care. The UR determination of 1/19/15 cited CAMTUS Chronic Treatment Guidelines and constituted a appropriate and reasonable determination to deny further Chiropractic care, 2x4.