

Case Number:	CM15-0018621		
Date Assigned:	02/06/2015	Date of Injury:	05/13/1999
Decision Date:	04/15/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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 62 year old female, who sustained an industrial injury on May 13, 1999. She reported injury to her low back. The injured worker was diagnosed as having lumbar sprain, lumbar disc disorder. Treatment to date has included ice applications, heat applications, acupuncture, chiropractic therapy. On July 8, 2014, a letter from the QME physician states the injured worker was to be seen that day; however, she did not show to this appointment. A peer review report on September 4, 2014, indicates a review of: date of service 12/14/2012, and agreed medical evaluation, which revealed the injured worker should be allowed 6-12 therapy sessions on an annual basis for treatment of exacerbations; and date of service 8/5/14 when the injured worker was seen for exacerbation of her back issues. A peer review report on September 29, 2014, indicates review of: Dates of service 12/14/12, 8/5/14, and 9/22/14. The 9/22/14 date of service reveals, she has completed 6 chiropractic visits, and has had a reduction in pain levels to 5/10 on a pain scale, and 50% reduction in pain radiation. On October 15, 2014, a letter from the QME physician indicates the injured worker to be a no show for her October 7, 2014 appointment. A peer review report on October 23, 2014, indicates a review of: a progress report from 10/22/14, which reveals the injured worker rating her back pain as 4-7 and radiation into the right leg. It indicates a pain reduction of 60% since the beginning of her treatment. A peer review report on January 2, 2015, indicates review of date of service 12/14/12. The records contain several letters from the injured worker's attorney to the injured worker confirming appointments with providers, and map directions to the appointments. The records contain

several duplicates of the above-mentioned peer review reports. The review addressed the patient receiving 18 prior Chiropractic visits and 6 Acupuncture visits with reported worsening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy (therapeutic exercise/chiro modalities) 2 x 3 weeks (6) for low back:
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 Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The 1/2/15 UR determination to deny additional Chiropractic care (exercise, Chiropractic for the lower back), 2x3 was an appropriate determination supported by CAMTUS Chronic Treatment Guidelines. The reviewed medical records failed to support the medical necessity for additional care based on documented clinical evidence of functional improvement following the patient prior course of Chiropractic care, 18 sessions. The denial of care is supported by referenced Chronic Pain Medical Treatment Guidelines Manual Therapy and Manipulation, page(s) 58-59 require evidence, reviewed records and the lack of medical necessity for the requested care.

Re-examination x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The UR determination of 1/2/15 denied further Chiropractic care, 2x3 for the lumbar spine leaving further assessment of the denied care unnecessary. The medical necessity for an additional evaluation was not provided in the reviewed medical records. Nor are they supported by the Chronic Pain Medical Treatment Guidelines Manual Therapy and Manipulation, page(s) 58-59.