

Case Number:	CM15-0130822		
Date Assigned:	07/17/2015	Date of Injury:	08/17/1989
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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 54 year-old male who sustained an industrial injury on 08/17/89. He has injuries to his neck and low back. Initial complaint and diagnoses are not available. Current diagnoses include lumbosacral spondylosis. Diagnostic tests and treatments to date have included MRI, lumbar branch blocks, home exercise, acupuncture, and chiropractic care which allow him to work in a regular duty manner; he is not using medications. He rates his pain as a 6 on a 10 point pain scale. In a progress note dated 05/05/15, the injured worker complains of burning axial low back pain with occasional radiation down the lower extremities. Physical examination is remarkable for decreased painful range of motion of the lumbar spine, and pain to palpation at bilateral L4-5 and L5-S1 facet joint regions; there is mild hypertonic paraspinal musculature bilaterally. He ambulates with a normal gait without an assist device. Requested treatments include 6 chiropractic treatments for the lumbar spine. The injured worker has been full duty for work. Date of Utilization Review: 06/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

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 6/19/15 denied the request for additional Chiropractic care, 6 sessions, to the patient's lower back citing CA MTUS Chronic Treatment Guidelines. Reviewed records reflect the patient receiving 18 Chiropractic visits directed to the lower back with residual examination deficits the focus of the additional treatment request for 6 manipulation visits. The medical necessity for an additional 6 sessions of Chiropractic care to the patient's lower back was not supported by reviewed records that did not reflect objective evidence of functional improvement following the prior 18 sessions or comply with CA MTUS Chronic Treatment Guidelines, therefore not medically necessary.