

Case Number:	CM15-0132168		
Date Assigned:	07/20/2015	Date of Injury:	12/02/2008
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/08/2015

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 40-year-old male, who sustained an industrial injury on December 2, 2008, incurring mid and low back injuries. He was diagnosed with lumbar sprain, thoracic sprain and lumbar radiculitis. Treatment included spinal manipulation, physical therapy, mechanical traction, and work restrictions. Currently, the injured worker complained of persistent low back pain radiating down both lower extremities causing tingling and numbness. The pain was aggravated by lifting, walking, standing, sitting and activities of daily living. It was noted that the injured worker had restricted range of motion with a decrease in flexibility. He complained of back pain radiating into the right hip with decreased range of motion. The treatment plan that was requested for authorization included three chiropractic treatments to the thoracic, lumbar spine and one examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 chiropractic treatments to thoracic/lumbar spine and 1 exam: Overturned

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 6/24/15 denied the request for Chiropractic care, 3 visits and 1 reexamination visit to manage the patients lower back citing CAMTUS Chronic Treatment Guidelines. Reviewed records reflect Chiropractic care initiated with this provide in 2011 with subsequent reexaminations addressing exacerbation's necessitating short-term use of manipulations and modalities. Comparative assessment of the reviewed supplemental. Chiropractic reports and those of the consulting orthopedist reflect functional gains with applied care through the current request for additional care on 6/10/15. CAMTUS supports care in excess of the 18 visits within 6-8 weeks when evidence of functional improvement is provided at the time of the treatment request. The medical necessity for the requested 3 Chiropractic visits and the one reevaluation is supported by a review of the available reports/documents and is in compliance with CAMTUS Chronic Treatment Guidelines. The request is medically necessary.