

Case Number:	CM15-0135401		
Date Assigned:	07/23/2015	Date of Injury:	04/09/2009
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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 (IW) is a 43-year-old male who sustained an industrial injury on 04/09/2009. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having spinal stenosis, a bulging disc, and radiculopathy. Treatment to date has included chiropractic care and x-rays of the lumbar spine. Currently (06/04/2015), the injured worker complains of flare ups in his pain for which he went to the chiropractor on his own for help. No description is given of the worker's level of pain before and after the chiropractic visit. His response in the past (09/18/2014) has been positive and is documented as "very helpful." On January 8, 2015, chiropractic care was again documented as helping the worker manage his "ongoing symptoms down both legs." There are no quantitative estimates of his pain or further documentation of an examination. A request for authorization was made for the following: Chiropractic treatment, Low Back, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Low Back, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines: Chiropractic Guidelines: Therapeutic care.

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; 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 6/30/15 denied the request for Chiropractic care 12 sessions to the patient's lower back citing CAMTUS Chronic Treatment Guidelines. The patient has a prior history of applied Chiropractic care approximately 12 sessions before the current 6/4/15 request for additional care. The care as requested exceeded CAMTUS Chronic Treatment Guidelines that support up to 18 sessions of care with evidence of prior functional improvement; 6 additional visits were recommended. The reviewed medical records failed to support the medical necessity for 12 Chiropractic visits or fail to comply with CAMTUS Chronic Treatment Guidelines.