

Case Number:	CM15-0135727		
Date Assigned:	07/23/2015	Date of Injury:	08/01/2001
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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 who sustained an industrial injury on 8/1/01. The mechanism of injury was unclear. He currently complains of increased pain in the lumbar spine and increased pain with activities with myospasm and tenderness above the right iliac crest. On physical exam of the lumbar spine, there were muscles spasms, positive straight leg raise in the left in the sitting and supine positions, decreased range of motion. Medications were Tramadol, Anaprox. Diagnoses include lumbago; status post percutaneous discectomy at L5-S1; status post revision anterior and posterior fusion at L5-S1 with pedicular instrumentation; status post exploration of fusion and removal of hardware (11/8/07); facet arthropathy at L2-3 and L3-4. There were no diagnostics available for review. In the progress note dated 5/28/15 the treating provider's plan of care includes a request for chiropractic treatment for the lumbar spine twice per week for six weeks to reduce pain, reduce medication use and restore function, increase flexibility, range of motion and improve activity tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2X6 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & 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; 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 6/17/15 denied the treatment request for 12 Chiropractic visits to manage the patient's lumbar spine citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records documented a 5/28/15 exacerbation of lumbar spine pain. The referenced CAMTUS Chronic Treatment Guidelines support an initial trial of care, 6 sessions with submission of clinical evidence of functional improvement should additional care be requested. The requested Chiropractic care of 12 sessions exceeded referenced Guidelines. The medical necessity for initiation of 12 Chiropractic visits was not necessary.