

Case Number:	CM15-0137305		
Date Assigned:	07/27/2015	Date of Injury:	12/14/2013
Decision Date:	08/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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 48 year old male who sustained an industrial injury on December 14, 2013. He has reported a low back injury and has been diagnosed with lumbosacral or thoracic neuritis or radiculitis unspecified, sacroiliac ligament sprain strain, lumbar facet arthropathy, lumbar degenerative disc disease, and chronic pain syndrome. Treatment has included injection, physical therapy, and medications. There was tenderness noted to bilateral lower lumbar paraspinal muscles right greater than left. The treatment request included chiropractic treatment x 12 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiro sessions for 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; ; 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 6/19/15 UR determination denied the treatment request for 12 Chiropractic visits to manage the patients reported lumbar spine with radicular component. The reviewed medical records established the medical necessity for manipulative care but 12 sessions exceeded CAMUTS Chronic Treatment Guidelines that support as an initial of care 6 sessions. The CAMTUS Chronic Treatment Guidelines and reviewed records support the initial trial of manipulation at 6 sessions versus the 12 requested. The request for 12 sessions is not medically necessary or established by reviewed records or CAMTUS Guidelines.