

Case Number:	CM15-0139036		
Date Assigned:	07/29/2015	Date of Injury:	04/15/2013
Decision Date:	08/25/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This is a 53-year-old female with an April 15, 2013 date of injury. A progress note dated June 29, 2015 documents subjective complaints (continues to report lower back pain across the lumbosacral junction level as well as tailbone pain; pain rated at a level of 6/10), objective findings (decreased and painful range of motion of the lumbar spine; tender bilateral lumbar paraspinal muscle palpation with mildly palpable muscle spasms; tender coccyx palpation; gait is slightly antalgic), and current diagnoses (lumbar disc disease; lumbar strain; coccydynia; neck pain). Treatments to date have included medications, chiropractic treatments without significant improvement, and work restrictions. The treating physician documented a plan of care that included chiropractic treatments for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor manipulation to lumbar spine Qty: 6: 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 7/15/15 denied the request for additional Chiropractic treatment to the patient lumbar spine, 6 sessions citing CAMTUS Chronic Treatment Guidelines. Although the patients presenting complaints on 6/29/15 did not reflect a recent flare or exacerbation there was no comparative assessment of the patients chronic pain history provided to eliminate the possibility of progressive lower back pain leading the the current evaluation. The patient was provided Acupuncture and other alternative treatments over the prior 2 years with reference to brief periods of care, the total number of visits and response to applied car not addressed. The medical necessity for the requested Acupuncture care was apparently based on prior management with Acucare and the patient's chronicity but denying additional care based on chronicity alone is not reasonable leaving the request for additional care based on the patient presentation findings of 6/29/15 absent records to support a lack of response to prior Acucare.