

Case Number:	CM15-0140016		
Date Assigned:	07/29/2015	Date of Injury:	11/27/2013
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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 a 36-year-old male with an industrial injury dated 11/27/2013. The mechanism is documented as a lifting injury. His diagnosis was lumbosacral radiculopathy - exacerbation of prior baseline symptoms. Prior treatments included epidural steroid injections, medications, chiropractic, TENS unit and diagnostics. He presents on 07/10/2015 noting that the numbness in his foot had resolved. He was concerned that he was having a return of radicular symptoms into his lateral thigh. He was interested in being referred to the chronic pain clinic. Physical exam noted normal gait with intact sensation. Treatment plan included home exercise program, referral to chronic pain management program and medications. The treatment request is for chiropractic visits for low back quantity 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for low back qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 7/14/15 denied the request for additional Chiropractic care, 6 sessions of manipulation to the patient's lower back, citing CAMTUS Chronic Treatment Guidelines. The reviewed records reflect application of 12 Chiropractic visits prior to this continuing request for 6 additional visits. Per CAMTUS Chronic Treatment Guidelines, evidence of functional improvement is required prior to consideration of additional care; none was provided. The medical necessity for additional manipulation is not supported by reviewed records of CAMTUS Chronic Treatment Guidelines.