

Case Number:	CM15-0141148		
Date Assigned:	07/30/2015	Date of Injury:	11/15/2014
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/26/2015

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 November 15, 2014 resulting in radiating low back pain. He was diagnosed with lumbosacral radiculopathy and generalized pain. Documented treatment has included physical therapy and chiropractic treatment with reported good results, home exercise, and anti-inflammatory medication. The injured worker continues to report radiating low back pain, muscle spasms, and decreased sensation in the lower back. The treating physician's plan of care includes 18 sessions of chiropractic treatment for the lumbar spine. He is presently working performing his usual and customary duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, lumbar spine, 3 times a week for 6 weeks: 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 6/25/15 denied the request for additional Chiropractic care, 18 visits to manage the patient's chronic lumbar spine complaints citing CAMTUS Chronic Treatment Guidelines. Reviewed records reflect a prior course of Chiropractic care, 12 sessions to the claimant's lower back with no interim reporting that applied care led to any documented evidence of functional improvement support additional care. The reviewed medical records do not support the medical necessity for additional Chiropractic manipulation, 18 sessions or comply with CAMTUS Chronic Treatment Guidelines.