

Case Number:	CM15-0141683		
Date Assigned:	07/31/2015	Date of Injury:	04/16/2011
Decision Date:	09/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/21/2015

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 59 year old female, who sustained an industrial injury on 4-16-11. The injured worker has complaints of lower back pain increased on the left; left hip pain and right ankle and foot pain with burning sensation and throbbing. The documentation noted that the lumbar range of motion was restricted 15% to 20% with pain more on the left and there is tenderness and muscle spasm with myofascial pain in the thoracolumbar and lumbar spine and sacroiliac area. There is decreased sensation on the right lower extremity and left hip tenderness. The diagnoses have included lumbar disc syndrome; radicular neuralgia and lumbar sprain and strain. Treatment to date has included medications and home exercise program. The request was for chiropractic 1week x 6 week's lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1Wk x 6Wks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

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.

Decision rationale: The June 22, 2015 utilization review document denied the treatment request for six chiropractic visits to the patient's lumbar spine citing CA MTUS chronic treatment guidelines for manual treatment. The reviewed medical records failed to document any residual objective findings in the lower back necessitating treatment. The past medical treatment included eight chiropractic visits from January 25, 2015 to April 12, 2015. The medical records failed to document any recent flare or exacerbation where a return to chiropractic treatment would be reasonable. The medical necessity for additional chiropractic care, six visits to the patient's lower back was not established by the records reviewed or comply with CAMTUS chronic treatment guidelines. The request is not medically necessary.