

Case Number:	CM15-0145750		
Date Assigned:	08/06/2015	Date of Injury:	09/08/2004
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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 63 year old male who sustained an industrial injury on 9-8-04. The mechanism of injury was unclear. In the 6-2-15 progress note the injured worker was experiencing less pain and medication use with chiropractic treatments. He has a pain level of 6 out of 10. The 5-13-15 chiropractic note indicates increased pain levels (4-5 out of 10) compared to previous visit. On physical exam of the lumbar spine there was restricted and painful range of motion, muscle spasms, hyperextension of the low back causes radiating pain to the bilateral buttocks, positive straight leg raise to the right in the sitting and supine position. Diagnoses include slight disc collapse L5-S1; disc herniation L4-5. Treatments to date include medications; home exercise program; chiropractic treatments with benefit. In the progress note dated 5-15-15 the treating provider's plan of care includes a request for continuation of chiropractic care 2 times per week for 6 weeks to increase activity tolerance, further pain reduction and restoration of function, gait training, improve balance and posture. The 5-13-15 chiropractic note indicates increased pain levels (4-5 out of 10) compared to previous visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic sessions to the lumbar spine (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and 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; CM15-0145750 ; 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): pages 58/59.

Decision rationale: The 6/22/15 UR determination denied the treatment request for an additional 12 sessions of Chiropractic care to manage the patients lumbar spine citing CAMTUS Chronic Treatment Guidelines. The reviewed records prior to the determination reported certification of 24 Chiropractic visits with no confirmation of completion. The request for additional visits was not accompanied by evidence of completion of prior care, evidence that functional improvement was documented or that the patient was s/p flare or exacerbation. The medical necessity for additional Chiropractic care, 12 sessions was not supported by reviewed reports or comply with referenced CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.