

Case Number:	CM15-0147057		
Date Assigned:	08/10/2015	Date of Injury:	12/05/2011
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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 46 year old female who sustained an industrial injury on 12-5-11 and 2-16-12 that was a trip and fall. She currently complains of pain in the lumbar spine spreading to the upper back with cramping and numbness, tingling and a cold sensation radiating down to the bilateral legs, right greater than left. On physical exam there was diffuse tenderness to palpation in the lumbar spine with facet tenderness, Kemp's test, Farfan test and straight leg raise seated and supine bilaterally were positive, range of motion and sensation were decreased. Her pain level was 8-9 out of 10. Medications were Tramadol, Fexmid, Motrin, Prilosec, Relafen, Protonix. Diagnoses included lumbar discopathy, radiculopathy; lumbar facet syndrome. Treatments to date include medications; physical therapy; chiropractic care (approximately seven visits) that helped in the past, her last treatment was in 2012 or 2013 (per progress note dated 6-1-15). In the progress note dated 6-1-15 the treating provider's plan of care includes a request for chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of chiropractic therapy for the lumbar spine once a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

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 utilization review document of July 16, 2015 denied the treatment request for an additional six chiropractic visits to manage the patient's lumbar spine. The reviewed records addressed residual objective findings generally unchanged as compared to a prior document of April 22, 2015. The patient received seven chiropractic visits in 2012 and six physical therapy visits certified on May 28, 2015. The reviewed medical records failed to establish the medical necessity for additional chiropractic care by documenting objective clinical findings of functional improvement as required by the CAMTUS treatment guidelines.