

Case Number:	CM15-0024715		
Date Assigned:	02/17/2015	Date of Injury:	04/09/2009
Decision Date:	03/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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 65 year old male, who sustained an industrial injury on 4/9/2009. He reports a back injury. The mechanism of the injury was not provided. Diagnoses include bulging disc and sciatica. Treatments to date include Chiropractic treatments, physical therapy and medication management. A progress note from the treating provider dated 1/8/2015 indicates the injured worker reported continued low back pain radiating to both legs. On 1/26/2015, Utilization Review non-certified the request for 12 Chiropractic visits for the lumbar spine, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Lumbar Spine Chiropractic Treatment 1x12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 7, 30-127.

Decision rationale: The medical records of prior treatment before the 1/8/15 request for additional Chiropractic care reflected 12 prior visits managing symptoms of lower back and lower extremity discomfort. The applied care did not result in any documentation of any objective evidence of functional improvement leading to the determination to not certify further Chiropractic care. The UR determination cited CAMTUS Chronic Treatment Guidelines that require objective evidence of functional improvement prior to consideration of additional care. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The 1/26/15 UR determination was appropriate and supported by referenced CAMTUS Chronic Treatment Guidelines, 7, 30-127. The request is not medically necessary.