

Case Number:	CM15-0025873		
Date Assigned:	02/18/2015	Date of Injury:	09/17/2012
Decision Date:	03/27/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/11/2015

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 47 year old female, who sustained an industrial injury reported on 9/17/2012. She has reported a flare-up of radiating low back pain, and difficulty sleeping, at her follow-up examination for medication refills. The diagnoses were noted to have included multiple herniated discs in the lumbar; lumbosacral myofascial pain and radiculopathy; and sacroilitis. Treatments to date have included consultations; diagnostic imaging studies; diagnostic urine studies; epidural steroid injection therapy; and medication management. The work status classification for this injured worker (IW) was not noted. On 1/15/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/8/2015, for 24 chiropractic visits every 45 to 90 days, for the low back. The Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine Guidelines, chronic pain physical medicine guidelines, manual therapy & manipulation, low back; and the Official Disability Guidelines, chiropractic, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 24 visits at every 45 to 90 days to the Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manip.

Decision rationale: The 1/15/15 UR determination to deny requested Chiropractic care 24 sessions every 45-90 days was an appropriated denial supported by referenced CAMTUS Chronic Treatment Guidelines. In addition to the request exceeding guidelines that recommend an initial trial of care with 6 sessions, the reviewer reported the flare lacked clinical evidence that symptoms presented were related to the industrial injury in question. CAMTUS Chronic Treatment Guidelines as referenced support an initial rial of care 6 sessions of which 24 initial sessions is in excess. There were no clinical findings that would support exceeding CAMTUS Chronic Treatment Guidelines.