

Case Number:	CM15-0026040		
Date Assigned:	02/18/2015	Date of Injury:	09/12/2013
Decision Date:	03/27/2015	UR Denial Date:	01/26/2015
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 68 year old male who sustained an industrial injury on 09/12/2013. On provider visit dated 01/14/2015 the injured worker has reported lower back pain. On examination he was noted to have a decreased range of motion of lumbar spine due to pain (VAS 1/10), paravertebral muscles are normal and no spinal process tenderness was noted. The diagnoses have included status post lumbar radiofrequency ablation on left side, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis not otherwise specified and sleep disturbance not otherwise specified. Treatment to date has included Chiropractic therapy (24 sessions) and medication. Treatment plan included additional Chiropractic therapy. On 01/26/2015 Utilization Review non-certified Chiropractic 1 times a week for 8 weeks, lumbar spine. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 times a week for 8 weeks, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: 2009; 9294.2; manual therapy and manipulation Page(s).

Decision rationale: The 1/26/15 UR determination to deny additional Chiropractic care, 1x8 after the patient has completed 24 visits was reasonable and consistent with cited CAMTUS Chronic Treatment Guidelines. Despite the providers reference to prior Chiropractic care providing increased ROM in the lumbar spine and 1/10 residual discomfort thereby satisfying the criteria for functional improvement, examination deficits were minimal at best leaving little if any remains deficits for manipulation to improve. Additional care was felt to represent maintenance care, care that was not supported by CAMTUS Chronic Treatment Guidelines.