

Case Number:	CM15-0028816		
Date Assigned:	02/20/2015	Date of Injury:	12/04/2011
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 37 year old female, who sustained an industrial injury on 12/4/2011. The current diagnoses are lumbar disc herniations with neural foraminal narrowing, facet arthropathy of the lumbar spine, chronic neck and back pain, and cervical disc herniations with mild to moderate stenosis. Currently, the injured worker complains of back pain with occasional radiation of pain down both legs to ankles, right greater than left. The pain is rated 8/10 on a subjective pain scale. Additionally, she reports persistent spasms in her back that can be severe at times and persistent cramping in her legs bilaterally, worse in the right side. Current medications are Norco, Flexeril, and Pamelor. The physical examination of the lumbar spine reveals tenderness to palpation in the lower lumbar facet regions bilaterally. Range of motion is decreased and limited by pain. There is decreased sensation in L4, L5, and S1 dermatomes on the right. Treatment to date has included medications, physical therapy, Chiropractic and Acupuncture. MRI of the lumbar spine (7/7/2014) showed degenerative disc disease and facet arthropathy with L5 and S1 mild to moderate canal stenosis narrowing the lateral recesses. Neural foraminal narrowing includes L4-5 moderate bilateral neural foraminal narrowing and L5-S1 moderate to severe right and moderate left neural foraminal narrowing. The treating physician is requesting 8 additional Chiropractic visits for the back, which is now under review. On 1/30/2015, Utilization Review had non-certified a request for 8 additional chiropractic visits for the back. No Medical Treatment Guidelines were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 8 visits Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS 40.5 Treatment of Obesity Rev. 54, issued 4/28/06.

Decision rationale: On 1/30/2015, Utilization Review had non-certified a request for 8 additional Chiropractic visits for the back. The care requested was to reduce pain and improve mobility and aid in the patient medical weight loss program. The patient's prior medical records of Chiropractic care did not document any functional gains with applied care or contribute to the patient's weight loss or gain condition. The UR determination denying the weight loss program incorporated the request for continuing Chiropractic care. The reviewed medical records did not support the medical necessity for any continuing Chiropractic utilization incorporated within a medical weight loss program. The denial was appropriate with medical records failing to establish medical necessity or support from referenced evidence based guidelines, CMS 40.5 Treatment of Obesity Rev. 54, issued 4/28/06.