

Case Number:	CM15-0030144		
Date Assigned:	02/23/2015	Date of Injury:	03/31/2014
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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 41 year old male, who sustained an industrial injury on 3/31/2014. He reported a mid and low back injury while picking up heavy objects. The injured worker was diagnosed as having a thoracic sprain/strain. Treatment to date has included chiropractic care, physical therapy, epidural steroid injection and medication management. Currently, a progress note from the treating provider dated 1/27/2015 indicates the injured worker reported slightly improved mid-back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS, US, Mech. Trac., CMT1-2 1x6 weeks of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 2/3/15 UR determination denied additional Chiropractic care citing CAMTUS Chronic Treatment Guidelines. The 1/27/15 request for additional care followed a

prior course of Chiropractic care with a subsequent reported flare that reexamination findings failed to document with increased examination deficits. The reexamination of 1/27/15 found no significant residual deficits on reexamination supporting flare/exacerbation that were not initially documented when the initial 6 sessions were certified. The reviewed documents found no objective clinical findings supporting functional improvement as required by CAMTUS Chronic Treatment Guidelines to consider additional care. The UR determination of 2/3/15 was appropriate and supported by CAMTUS Chronic Treatment Guidelines that require evidence of functional improvement following a previous trial of care, in this case the prior 6 sessions of Chiropractic. The records fail to support the medical necessity for additional care.