

Case Number:	CM15-0030561		
Date Assigned:	02/24/2015	Date of Injury:	06/10/2014
Decision Date:	04/03/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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 23 year old male, who sustained an industrial injury on 05/10/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include improving thoracic strain, improving lumbar strain, and improving cervical strain. Treatment to date has included Chiropractic care, physical therapy, and medication regimen. In a progress note dated 01/26/2015 the treating provider reports pain upon bending and stooping for extended periods of time and rates the pain a zero out of ten. The treating physician requested six more Chiropractic visits to the thoracic and lumbar spine to help with stability and strengthening. On 02/06/2015 Utilization Review non-certified the requested treatment of six visits of Chiropractic for the lumbar spine, noting the California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Visits Chiropractic for The Lumbar Spine: Upheld

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

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

Decision rationale: The UR determination of 1/26/15 denied additional Chiropractic care 6 sessions based on the CAMTUS Chronic Treatment Guidelines. The proposed treatment plan was for stability and strengthening which are factors of recovery within an exercise or self-managed strengthening program and not supported by the referenced CAMTUS guidelines. The care requested was not supported by any reported examination or clinical deficits that additional manipulation would improve leading to additional functional improvement. The UR determination to deny additional care was appropriate based on the absence of medical records supporting the medical necessity of continuing care and the CAMTUS Chronic Treatment Guidelines that do not support care as requested.