

Case Number:	CM15-0030678		
Date Assigned:	02/24/2015	Date of Injury:	10/09/2012
Decision Date:	04/03/2015	UR Denial Date:	02/10/2015
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 39 year old male who sustained an industrial injury on 10/09/2012. Current diagnoses include lumbar stenosis, impingement to the lumbar nerve roots, and lumbar disk bulges. Previous treatments included medication management, Chiropractic treatments, physical therapy, and home exercise program. Report dated 02/02/2015 noted that the injured worker presented with complaints that included continued back pain. Pain level was rated as 3-5 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/10/2015 non-certified a prescription for Chiropractic treatments x 18, physical therapy x 6, and Acupuncture x 6, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 18: Upheld

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

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

Decision rationale: The medical records reviewed that requested 18 Chiropractic visits did not support the medical necessity for treatment. Records failed to address any recent regressive symptoms from flare or exacerbation or evidence on reexamination of deficits that additional Chiropractic care would benefit. Records also failed to address any functional improvement from prior Chiropractic utilization. The UR determination denying additional Chiropractic care was reasonable and consistent with CAMTUS Chronic Treatment Guidelines. There was no documentation of medical necessity provided to support care as requested.

Physical Therapy for 6 session: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines, Chronic Pain Chapter; Physical Medicine, "Physical Medicine Guidelines Page(s): 98-99.

Decision rationale: The medical records reviewed that requested 6 additional physical therapy visits did not address any recent flare or exacerbation of evidence on reexamination of deficits that another course of physical therapy would benefit. The records failed to address was additional functional gains would be accomplished with requested care. Prior application of therapy was not discussed as providing functional improvement in activities of daily living or lessening in medical management. No evidence of medical necessity for the additional therapy was provided supporting the UR determination of 2/10/15 as reasonable and consistent with CAMTUS Chronic Treatment Guidelines.

Acupuncture 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CAMTUS Acupuncture Treatment Guidelines support application of an initial trial of care when documentation provided establishes the patient's intolerance to pain medication, evidence of a prior surgery or the patient participation in a home exercise or conditioning program. The medical necessity for incorporation of Acupuncture in the patient treatment program is not supported as medically reasonable, necessary or consistent with CAMTUS Acupuncture Treatment Guidelines.