

Case Number:	CM15-0034385		
Date Assigned:	03/02/2015	Date of Injury:	07/03/2014
Decision Date:	04/09/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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 male, who sustained an industrial injury on 7/03/2014. The diagnoses have included lumbar strain and lumbar spine degenerative disc disease. Treatment to date has included medications, home exercise and physical therapy. Currently, the IW complains of low back pain with radiation into his hip and right lower extremity. He reported a "popping" sensation in his back. Physical examination was documented as a right-handed white Caucasian male in no acute distress. On 2/02/2015, Utilization Review non-certified a request for 12 office visits with a Chiropractor noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of 12 office visits with a chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) office visits with a chiropractor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; ; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); pg 298-9 Page(s): 298-9.

Decision rationale: The patient was seen by his medical provider months after his industrial injury of 7/7/14. The medical evaluation of 1/19/15 addressed the mechanism of injury and presenting complaints of worsening pain with coughing or during slight bending movements. Occasional right lower extremity giving was feeling was expressed. The reporting physician requested 12 Chiropractic visits without presentation of any objective evaluation findings that the requested chiropractic care was requested to manage. The UR determination of 2/2/15 reviewed the treatment request and denied the requested 12 sessions of Chiropractic care stating that there were no reported functional deficit in the lower back necessitating Chiropractic care leaving the request denied per referenced CAMTUS Chronic Treatment Guidelines. The UR denial was appropriate and consistent with reviewed medical records that failed to identify functional deficits necessitating care. Care was not medically reasonable or necessary per reviewed records or consistent with CAMTUS Chronic Treatment Guidelines.