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| Case Number: | CM15-0034492 | | |
| Date Assigned: | 03/02/2015 | Date of Injury: | 09/01/1999 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 02/24/2015 |

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 51 year old male, who sustained an industrial injury on 9/1/99. He has reported chest/rib injury. The diagnoses have included late effects of sprain/strain, neuritis/neuralgia, anterior rib segmental dysfunction and cervical segmental dysfunction. Treatment to date has included. Chiropractic spinal manipulation, physical therapy, right shoulder arthroscopy and oral medications. Currently, the injured worker complains of anterior rib soreness. Physical exam dated 1/19/15 noted low back pain with range of motion and tenderness to lumbar paraspinal muscle and L4-5 and L5-S1 facets on palpation. On 2/9/15 Utilization Review non-certified Chiropractic manipulation, noting the lack of current evidence of increased pain or objective measurable functional loss consistent with a flare-up of his chronic condition. There is no compelling evidence to support the medical necessity of on-going Chiropractic; he has received Chiropractic treatment every 2 to 3 weeks for pain control. The MTUS, ACOEM Guidelines, was cited. On 2/24/15, the injured worker submitted an application for IMR for review of Chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 9 & 58-60.

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; CHRONIC PAIN MEDICAL
TREATMENT GUIDELINES; 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 is reported to be a 51 year old with a 9/1/99 date of injury. The reviewed medical records reflect recurrent mid and lower back pain that is managed with Chiropractic manipulation per documented flare/exacerbation. The reported frequency of care is two times per month since 2006. The request for additional care was dated 1/29/15 for manipulation every 2-3 weeks was not accompanied by objective evidence of flare or exacerbation or evidence that the prior treatment protocol of 2 visits per month had improved the patient quality of life or overall functional improvement. In the absence of any measurable functional loss consistent with exacerbation and the report of full time work, UR denied further Chiropractic care on 2/9/15 addressing continued care as more maintenance or elective care, care that is not supported by referenced CAMTUS Chronic Treatment Guidelines. The denial of Chiropractic care, 12 additional visits or 2 visits per month for 6 months was appropriate based on the reviewed medical records that failed to establish the medical necessity for continued care.