

Case Number:	CM15-0036175		
Date Assigned:	03/04/2015	Date of Injury:	11/09/1999
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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 53 year old male, who sustained an industrial injury on November 9, 1999. He has reported back pain. His diagnoses include lumbar intervertebral disc displacement without myelopathy, lumbosacral sprain/strain, and sacroiliac sprain/strain. He has been treated with chiropractic therapy with hip stretches, massage, ultrasound, electrical stimulation, and traction. In addition, he has been treated with medications including pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory. The last report was 8/5/10. On January 12, 2015, his treating physician reports a marked flare of lower back pain. He reports it feels like his hip is tearing. The physical exam revealed moderate lower back dysfunction, limited range of motion, tight psoas, neural function intact, and a positive Valsalva for lower back pain. The treatment plan includes 12 visits of Chiropractic therapy. On January 27, 2015, Utilization Review modified a prescription for 12 visits of Chiropractic therapy, noting treatment for a flare-up would be appropriate, and 2-3 treatments are recommended for a transition to a home exercise program. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments x 12: 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 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.

Decision rationale: The patient presented for treatment on 1/13/15 with clinical evidence of a lumbar spine and related structure exacerbation that per the primary physician would warrant a return to Chiropractic care, 12 sessions. The UR determination recommended Chiropractic care was reasonable and recommended care consistent with the CAMTUS Chronic Treatment Guidelines certifying a modified plan of 6 sessions. The medical necessity to exceed these guidelines was not provided in the reviewed medical records leaving the UR determination was reasonable and consistent with CAMTUS Chronic Treatment Guidelines.