

Case Number:	CM15-0037381		
Date Assigned:	03/05/2015	Date of Injury:	12/18/2013
Decision Date:	07/28/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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 47 year old female, who sustained an industrial injury on 12/18/13. The injured worker was diagnosed as having cervical sprain/strain, right knee sprain/strain, and sacroiliac joint disorder. Treatment to date has included acupuncture. Currently, the injured worker complains of pain in the neck and right sacroiliac pain with radicular neuralgia of the right leg. Locking of the right sacroiliac joint was also noted. The treating physician requested authorization for an extension of chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of chiropractic treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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; : 2009; 9294.2: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 2/5/15 UR determination denied continuing Chiropractic care to the patients spine and right knee citing CAMTUS Chronic Treatment Guidelines. The request for additional care was not accompanied by evidence that prior application of manipulative treatment resulted in any objective evidence of functional improvement as required by CAMTUS Chronic Treatment Guidelines for manual therapy. The reviewed medical records do not support the medical necessity for continued Chiropractic care or supported by referenced CAMTUS Chronic Treatment Guidelines that require evidence of functional improvement prior to consideration of additional care. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The request is not medically necessary.