

Case Number:	CM15-0037599		
Date Assigned:	03/06/2015	Date of Injury:	06/06/2006
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
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:

This 56 year old female sustained a work related injury on 06/06/2006. According to a progress report submitted for review, the injured worker complained of lumbar spine pain that was rated 3 on a scale of 1-10. Diagnoses included lumbar spine and sacral spine degenerative disc disease and sleep disturbance. Pain was decreased from 6 to 3 with chiropractic care. She reported increased mobility. The provider requested 6 additional sessions of chiropractic care on 11/25/2014. On 02/10/2015 2 x 6 sessions of chiropractic care was requested for the lumbar spine. According to a patient questionnaire dated 02/10/2015, the injured worker reported that pain had increased since chiropractic appointments were stopped 2 weeks prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy two times a week for six weeks, in treatment of the lumbar spine

Qty: 12: 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 : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The reviewed medical records reflect an initial request for 3x4 Chiropractic care on 9/20/14, an additional 12 requested on 10/20/14 and 6 additional visits on 12/8/14. Documents reviewed prior to the current request for an additional 12 Chiropractic visits on 2/10/15 failed to address whether the requested visits were initiated or if completed whether functional improvement was documented. The UR determination of 2/19/15 denied further care, an additional 12 sessions citing CAMTUS Chronic Treatment Guidelines and the acknowledged recent 12 Chiropractic visits failing to document improvement. Care as requested exceeded CAMTUS Chronic Treatment Guidelines. The UR determination was reasonable and was supported by CAMTUS Chronic Treatment Guidelines. The medical necessity for additional care, 12 sessions was not supported as reasonable given the lack of clinical documentation of both completion of prior care and whether care lead to functional improvement. The medical necessity for additional care was not provided based on reviewed records.