

Case Number:	CM15-0039088		
Date Assigned:	03/09/2015	Date of Injury:	07/17/2012
Decision Date:	04/14/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/02/2015

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 42 year old male, who sustained an industrial injury on July 17, 2012. He reported an injury to his back, neck and right shoulder when involved in a motor vehicle accident. The injured worker was diagnosed as having lumbago and disorders of the bursae and tendons in the shoulder region. Treatment to date has included acupuncture, physical therapy, chiropractic therapy, medications and lumbar/cervical/right shoulder MRI. Currently, the injured worker complains that he is getting worse and of an increase in low back pain and right hip pain. He reports an increase in low back pain with radiation into the buttocks. The UR determination of 2/26/15 denied the request for 2x6 Chiropractic care to manage the patients lumbago/disorder of bursa. CAMTUS Chronic Treatment Guidelines were cited as support for the determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): (s) 58/59.

Decision rationale: The reviewed medical records reflect that prior to the current PR-2 request for an additional 12 sessions of Chiropractic, the claimant received 15 Chiropractic visits and 5 sessions of physical therapy. The evaluation of 2/18/15 reported the patient presenting with a flare-up and a history of Chiropractic are doing little to manage pain; no referenced to functional benefit was reported. The UR determination of 2/26/15 denied further Chiropractic care citing the CAMTUS Chronic Treatment Guidelines that require objective clinical evidence of functional improvement prior to consideration of additional care. UR found no clinical records of recent progress reports supporting any functional gains with prior Chiropractic application. The UR determination to deny additional Chiropractic care, 2x6 was reasonable and supported by CAMTUS Chronic Treatment Guidelines. Reviewed medical records failed to establish the medical necessity for continuing care by offering evidence of functional improvement from the prior 15 visits of Chiropractic care.