

Case Number:	CM15-0045794		
Date Assigned:	03/18/2015	Date of Injury:	11/11/2010
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/10/2015

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 68 year old male, who sustained an industrial injury on November 11, 2010. He has reported lower back pain and left leg pain. Diagnoses have included lumbar spine radiculitis to the left leg, and lumbar disc displacement. Treatment to date has included Chiropractic treatments and electrical stimulation. A progress note dated January 23, 2015 indicates a chief complaint of lower back pain radiating to the left leg. The injured worker noted that the symptoms have improved with Chiropractic treatment. The treating physician documented a plan of care that included Chiropractic care and an interferential unit. The UR determination of 2/6/15 denied the requested 2x3 additional Chiropractic care citing CAMTUS Chronic Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 3 to the low back with modalities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60, 118-120.

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: At the time of the 12/30/14 reexamination the patient has completed 6 Chiropractic visits with the same provider now requesting additional care, 6 sessions or 2x3. Although the provider stated the patient was making functional improvement, comparative VAS index or comparative ROM studies were not provided to support functional gains. There were no comparative ADL assessments provided pre/post initiation of care only the expectation that additional care would return the patient to P&S status. The UR determination to deny additional Chiropractic care, 2x3 was an appropriate determination. The medical necessity for additional care was not supported by reviewed medical records or consistent with 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.