

Case Number:	CM15-0046938		
Date Assigned:	03/19/2015	Date of Injury:	06/21/2012
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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 33 year old female who sustained a work related injury June 21, 2012. According to a primary treating physician's progress report, dated February 5, 2015, the injured worker is experiencing increased pain free periods with chiropractic and acupuncture treatment for the cervical and lumbar region. Not all of the handwritten documentation is legible to the reviewer. The pain was rated 3-4/10 and now 1-2/10 with treatments. Diagnoses are documented as cervical spine strain and lumbosacral facet L4/L5. Treatment plan included authorization requests for continued acupuncture 1 x 6 and continued Chiropractic treatment 1 x 6. The 1/12/15 UR determination cited CAMTUS Chronic Treatment Guidelines along with reviewed medical records in the denial of requested Chiropractic care, 1x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the neck and low back 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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 1/12/15 UR determination to deny additional Chiropractic care was appropriate and supported by the lack of medical necessity for the requested care and the lack of support for additional care per CAMTUS Chronic Treatment Guidelines. The patient had been receiving Chiropractic and Acupuncture care prior to this request for an additional 6 visits of Chiropractic care. Although the reviewed records were reported partially illegible, the medical necessity of requested care was not reported by evidence of prior functional gains or supported by referenced CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.