

Case Number:	CM15-0047519		
Date Assigned:	03/19/2015	Date of Injury:	03/30/2012
Decision Date:	04/24/2015	UR Denial Date:	02/12/2015
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 28-year-old female, who sustained an industrial injury on 03/30/2012. She reported pain over the tailbone and pain up both sides of the lower back. The injured worker was diagnosed as having sprain or strain of the lumbar region and contusion of coccyx. Treatment to date has included medications, physical therapy, chiropractic care and TENS unit. Currently, the injured worker complains of low back pain, increased frequency of referred pain to the buttocks from the low back and poor sleep. Current medications include Norco and Nortriptyline. Current diagnoses include low back pain, disorder of coccyx not elsewhere classified, thoracic pain and sacroiliac pain. Treatment plan included continue Norco and Nortriptyline. The provider noted that Chiropractor was denied as she has already had the maximum 24 visits. The injured worker was permanent and stationary and was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic manipulation sessions: Upheld

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

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

Decision rationale: The UR determination of 9/16/14 denied the treatment request by RFA and PR-2 for an additional 6 visits of Chiropractic care. The determination cited CAMTUS Chronic Treatment Guidelines. A review of the submitted records that included the 9/2/14 provider PR-2 failed to address the medical necessity for care by documenting prior functional improvement with Chiropractic care. Evidence of functional gains from prior applied care is a requirement of the CAMTUS Chronic Treatment Guidelines. The 9/16/14 UR denial of requested care 6 additional sessions of Chiropractic care was appropriate and supported by referenced guidelines, and therefore is not medically necessary.