

Case Number:	CM15-0047601		
Date Assigned:	03/19/2015	Date of Injury:	06/20/2000
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
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 43 year old male, who sustained an industrial injury on 6/20/2000. The mechanism of injury was not provided for review. The injured worker was diagnosed as having sciatica, lumbar facet syndrome and lumbar disc displacement without myelopathy. There is no record of a recent radiology studies. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of lumbar spine pain. In a progress note dated 2/4/2015, the treating physician is requesting Chiropractic care for 9 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the lumbar spine to include spinal manipulation, traction, infrared, heat and ultrasound EMS (3 times per week for 3 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58/59. Decision based on Non-MTUS Citation ODG

Treatment Guidelines, Treatment Index, 12 edition (web), 2014, Low Back Chapter: heat, ultrasound, inferential current, traction.

Decision rationale: The reviewed medical records reflect a request for additional Chiropractic care with moralities, 3x3 per a PR-2/notes of 2/4/15 from the requesting provider. A UR determination prior to this Appeal denied the request for additional care citing a lack of documented functional improvement and requested care exceeding CAMTUS Chronic Treatment Guidelines. The UR determination of 2/4/15 found clinical support for a modified plan of care, 6 of 9 requested Chiropractic sessions based on peer contact with the provider and reviewed medical evidence of functional improvement. The reviewed medical records requesting 3x3 Chiropractic care with modification to 2x3 along with modification of requested moralities to conform to ODG Guidelines was an appropriate determination and followed the providers establishing the medical necessity for continued care. The modification addressed in the 2/4/15 UR determination to 6 total visits with modality modification was consistent with referenced ODG/CAMTUS Chronic treatment Guidelines. The requested treatment is not medically necessary.