

Case Number:	CM15-0048495		
Date Assigned:	03/20/2015	Date of Injury:	04/11/2013
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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 39 year old male, who sustained an industrial injury on 4/11/2013. He reported injuries to the face, left hip, left thigh, neck and low back after being injured in an altercation. The injured worker was diagnosed as having cervical sprain/strain, lumbar sprain/strain and lumbar radiculopathy. There is no record of a recent radiology study. Treatment to date has included Chiropractic, physical therapy and medication management. Currently, the injured worker complains of constant neck pain and low back pain that radiated to the bilateral lower extremities. In a progress note dated 2/13/2015, the treating physician is requesting 12 Chiropractic sessions for the lumbar and cervical spine. On 2/27/15 UR denied the request for 12 Chiropractic visits 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:

12 sessions of chiropractic treatment for the lumbar spine and cervical spine: Upheld

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

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

Decision rationale: The reviewed records reflect a treatment request by PR-2 dated 2/19/15 stating that the patient was experiencing continued cervical spine and lumbar spine discomfort with continuing spinal deficits on examination. The presentation followed Chiropractic care of an unknown duration or frequency or the documentation of functional improvement required by referenced CAMTUS Chronic Treatment Guidelines. The UR determination to deny additional Chiropractic care, 12 sessions on 2/19/15 was an appropriated determination in that the medical necessity of additional care was not supported by evidence of objective functional improvement as required by the CAMTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.