

Case Number:	CM15-0053316		
Date Assigned:	04/15/2015	Date of Injury:	01/17/2013
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/20/2015

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 57 year old female patient who sustained an industrial injury on 01/17/2013. The oldest document provided for review was dated 09/13/2013 and reported the patient with subjective complaint of sciatica. Recommendation for possible surgical intervention. Previous diagnostic testing to include: nerve conduction study, and radiography. An orthopedic follow up visit dated 02/23/2015 reported subjective complaints of experiencing intermittent, moderate back and right leg pain. She is currently not working. Prior treatment to include: home exercise program, oral medications, brace, and physical therapy. Chief complaint this visit is left lumbar back pain. She is diagnosed with herniated nucleus pulposus L3-4. Recommending a urinalysis. She is temporarily totally disabled and is to return for follow up in 6 weeks. Current medications include: Carisoprodol, and Hydrocodone/APAP 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 3 x 4 weeks, lower back: 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 Page(s): 58/59.

Decision rationale: The UR determination of 3/16/15 denied the request for additional Chiropractic care, 12 sessions citing CA MTUS Chronic Treatment Guidelines and the lack of medical necessity for the requested care. The patient was being managed for an exacerbation of 2/13/15 resolved with self-management prior to the presentation for care on 2/23/15. The medical necessity to pursue additional improvement with the requested 12 sessions was viewed by the UR physician as clinically unsupported given that no new evidence of flare or exacerbation after the reported resolution of symptoms was provided for which care would be reasonable. The medical necessity for the requested additional Chiropractic care, 12 sessions was not supported by reviewed records of the CA MTUS Chronic Treatment Guidelines.