

Case Number:	CM15-0053788		
Date Assigned:	03/27/2015	Date of Injury:	12/16/1991
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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 79 year old male, who sustained an industrial injury on December 16, 1991. The injured worker reported low back pain. The injured worker was diagnosed as having segmental dysfunction cervical, thoracic and lumbar. Treatment and diagnostic studies to date have included chiropractic therapy. A progress note dated February 24, 2015 provides the injured worker complains of neck and back pain increased by lifting and turning. Physical exam notes decreased range of motion (ROM) of spine and cervical tenderness. The plan is for Chiropractic therapy 2xs per month for 12 months. UR denied this request 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:

98941, CHIROPRACTIC MANIPULATION (2XMO) x 1yr QTY 24 (RETRO - DOS BEGAN 01/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY 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 patient is reported to have completed a recent course of Chiropractic care in 2014 12 sessions and 4 visits in 2015, care that was provided every 2 weeks. Treatment was directed toward presenting complaints of neck and lower back pain with ROM decrease. The DOI is reported to be 12/16/1991. The UR determination of 3/3/15 denied continuing Chiropractic care, 2xs per month findings that care best represented maintenance care, care that is not supported by referenced CAMTUS Chronic Treatment Guidelines. After review of the provided records, the medical necessity for continuing care every two weeks is best represented as maintenance care; the medical necessity for continuing care at this frequency over the next 12 months is not medically reasonable or necessity or supported by CAMTUS Chronic Treatment Guidelines.