

Case Number:	CM15-0060590		
Date Assigned:	04/06/2015	Date of Injury:	10/11/2012
Decision Date:	07/10/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/30/2015

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 45 year old male who reported an industrial injury on 10/11/2012. His diagnoses, and/or impressions, are noted to include: lumbar sprain/strain with annular tear, disc displacement, disc protrusion, facet hypertrophy and stenosis. No current imaging studies are noted. His treatments have included medication management, to include creams, and with toxicology screenings; and modified work duties. The progress notes of 2/9/2015 noted complaints which included frequent, severe pain in the low back which radiated to both legs, was associated with numbness, tingling and weakness, aggravated by movement and activity, and relieved by medications. Objective findings were noted to include tenderness over the lumbosacral spinous processes; a significant decrease in lumbar range-of-motion; and positive bilateral straight leg raise and Kemps test, causing pain. The physician's requests for treatments were noted to include chiropractic therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic therapy for the lumbar spine 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

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 2/27/15 UR determination denying 12 Chiropractic visits to the patient's lumbar spine cited CAMTUS Chronic Treatment Guidelines. The reviewed medical records failed to address any clinical deficits on examination that would support the requested Chiropractic visits from 2/19/15 through 4/5/15. The medical necessity for initiation of care, 12 visits of Chiropractic manipulation was not supported by reviewed medical reports or prerequisites for care per CAMTUS Chronic Treatment Guidelines.