

Case Number:	CM15-0081699		
Date Assigned:	05/04/2015	Date of Injury:	09/24/2012
Decision Date:	06/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	04/28/2015

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 32-year-old female injured worker suffered an industrial injury on 09/24/2012. The diagnoses included low back pain and lumbar radiculitis. The injured worker had been treated with medications. On 4/8/2015, the treating provider reported that with medications she is able to keep her pain at 4 to 6/10 and without medications 9 to 10/10. On exam, there was limited range of motion to the lumbar spine. The provider reported the chiropractic care was authorized, however, the facility required the authorization be issued to their specific facility. The treatment plan included Chiropractic Care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care, 2 times weekly for 4 weeks, Lumbar Spine (8 sessions): 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 4/27/15 denied the request for additional Chiropractic care 8 sessions over 4 weeks citing CAMTUS Chronic Treatment Guidelines. Said guidelines require of the requesting provider clinical evidence of functional improvement following a prior course of treatment. The reviewed documentation did not provide the medical necessity for continued treatment by providing objective clinical evidence of functions gains following prior treatment application sufficient to satisfy the criteria for consideration of care per CAMTUS Treatment Guidelines. Therefore, the request is not medically necessary.