

Case Number:	CM15-0089541		
Date Assigned:	05/13/2015	Date of Injury:	12/04/2014
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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

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 49 year old female, who sustained an industrial injury on 12/4/14. He reported low back pain, neck pain and left ankle pain after being struck by a car. The injured worker was diagnosed as having lumbago, thoracic or lumbosacral neuritis or radiculitis sleep disturbance and chronic pain syndrome. Treatment to date has included physical therapy, oral medications including opioids, topical medications, and home exercise program. Currently, the injured worker complains of neck, low back and neck pain rated 7/10 and is associated with pains, needles and weakness. Physical exam noted restricted range of motion of lumbar spine with tenderness, hypertonicity and spasm noted of paravertebral muscles, cannot walk on heels or toes and tenderness is noted over the sacroiliac spine. The treatment plan included follow up appoint and a request for 8 sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2xwk x 4wks to the lumbar 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 The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58.

Decision rationale: The medical necessity for the requested 8 chiropractic treatments established. The provider initially requested 8 treatments. Upon peer review of the request was modified to certify 6 treatments and non-certify 2 treatments per CAMTUS guidelines. The recommended modification was consistent with MTUS recommendations for an initial trial of 6 treatments. The provider requested IMR for the initial 8 treatments. The previous authorization for 6 treatments was appropriate. Given that this was the 1st request for chiropractic treatment medical treatment utilization schedule guidelines, page 58 would be applicable. This guideline allows for an initial trial of 6 treatments. This was the rationale for the previous peer reviewer's modification. The requested 8 treatments are in excess of this guideline and are not medically necessary.