

Case Number:	CM14-0123338		
Date Assigned:	08/08/2014	Date of Injury:	08/03/2008
Decision Date:	11/19/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is licensed in Acupuncture and Chiropractic, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is reported to be a 30 year old male with a 8/3/2008 date of injury; the patient went to grab a 24 pack of coke off a fountain display. Since the date of injury the patient has received treatment in the form of medical management, therapy, injections, Chiropractic and Acupuncture care. A recent MRI of the lumbar spine dated 5/21/14 demonstrated a disc bulge L-4/S-1. He also completed 5 Chiropractic visits as of 7/8/14 reporting benefit from care. The patient was evaluated on 7/10/14 reporting 7/10 pain with lumbar limitation to lifting. A request for additional Chiropractic care dated 7/25/14 was submitted lacking the total number of completed visits, current progress notes. The request for additional care was denied by UR on 7/31/14 stating that requested information was not provided relative to frequency of care provided and evidence of documented functional improvement. The 2x3 continued Chiropractic care was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar additional chiropractic care 3x weeks QTY:6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The 7/10/14 PR-2 requesting additional Chiropractic care followed a request for the provider to supply necessary clinical information regarding the total number of prior Chiropractic visits and documentation of functional improvement as required by the CAMTUS Chronic Treatment Guidelines. Despite the requested information and two attempts to complete a peer-to-peer conference with the primary treatment physician, evidence to support the requested care was never produced leading to the appropriate determination to deny Chiropractic care, 6 additional visits.