

Case Number:	CM14-0212523		
Date Assigned:	01/02/2015	Date of Injury:	10/27/2009
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 patient was reported to be a 35 year old male with a 10/27/2009 date of injury (CT); records reflect that on the claimant touched the elevator button and immediately felt an electrical shock different from the static electricity; sensation radiated over his arm and into the upper back. The claimant is under medical management and was referred for Chiropractic care, in-office, 6 sessions on or after 7/16/14. The referral diagnosis was related to lumbar spine and radiculopathy. Clinical SOAP note of 10/31/14 reported the patient with improvement following Chiropractic care although the patient continued to demonstrate pain in the bilateral lumbar spine paravertebral musculature. By 11/13/14 the patient VAS per PR-2 was VAS 7-8/10; pain described as moderate, frequent, dull and cramping. ROM was decreased; handwritten charting made it difficult to interpret all examination findings. Plan: additional Chiropractic care, 1x5. The request for additional Chiropractic care was followed on 11/19/14 with a UR denial of additional Chiropractic care, 1x5. Rationale for denial: specific functional improvement related to Chiropractic application was not documented. CAMTUS 2009: Chronic Treatment Guidelines offered as criteria for consideration of additional care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1x Week x 5Weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation 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 patient was reported to be a 35 year old male with a 10/27/2009 date of injury (CT). The patient completed a reported 6 Chiropractic visits through the date of the PR-2 requesting additional care, 11/13/14. The request for additional care was then the subject of a UR review of 11/19/14 denying the 1x5 request for care stating that no documentation of functional improvement was provided with the request for care as required by CAMTUS Chronic Treatment Guidelines. In reviewing the records of applied care and the criteria for denial of requested care dated 11/9/14, the denial was appropriate and consistent with referenced CAMTUS Chronic Treatment Guidelines that state that following a trial of Chiropractic care, 6 sessions, evidence of functional improvement is required. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. None was provided leaving the request denied and the UR determination reasonable and consistent with referenced guidelines.