

Case Number:	CM15-0003782		
Date Assigned:	01/14/2015	Date of Injury:	10/05/2011
Decision Date:	05/14/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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 54 year old female who sustained an industrial injury on 10/5/11. The diagnoses included lumbosacral Herniated Nucleus Pulposus (HNP). Treatment to date has included medications, Functional Capacity Evaluation, diagnostics, home exercise program (HEP) and activity modifications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and urine drug screen. The current medications included Theramine, Sentra, and Gabadone. Currently, as per the physician progress note dated 11/20/14, the injured worker complains of insomnia and fatigue. The physician noted that she had cumulative trauma. The objective findings revealed decreased range of motion in the lumbar spine and positive spasm was noted. Work status was to remain off work. The treatment t plan was for medications, x-rays, Magnetic Resonance Imaging (MRI), urinalysis, Chiropractic and Acupuncture. The physician requested treatment included Chiropractic 2 times a week for x4 weeks to lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x4 to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 98/99: manual therapy and manipulation.

Decision rationale: The UR denial of 2x4 Chiropractic care on 12/23/14 cited CA MTUS Chronic Treatment Guidelines. The patient was reportedly receiving physical therapy for an industrially related ring finger injury despite the presentation of lumbar spine management with Chiropractic care. The reviewed medical records failed to establish the medical necessity for Chiropractic care to the patient's lumbar spine. Causality was not established for inclusion of the lumbar spine management. CAMTUS Chronic Treatment Guidelines do not support care as requested. The request is not medically necessary.