

Case Number:	CM15-0105439		
Date Assigned:	06/09/2015	Date of Injury:	09/20/2012
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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 47-year-old female, who sustained an industrial injury on September 20, 2012, incurring lower back injuries. She was diagnosed with lumbosacral spine musculoligamentous sprain with radiculitis and lumbosacral spine discogenic disease. Treatment included chiropractic sessions, massage therapy, physical therapy, home exercise program, and pain management. Currently, the injured worker complained of persistent pain in the lower back with a rating of 2/10 on a 0 to 10-pain scale. There was limited range of motion noted in the lumbar spine. The treatment plan that was requested for authorization included outpatient chiropractic sessions therapy sessions to the lumbar spine and a Magnetic Resonance Imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic Therapy 12 Sessions 2x6 to The Lumbar and MRI of The Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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 5/11/15 denied the request for additional Chiropractic care, 12 sessions to the lumbar spine citing CAMTUS Chronic Treatment Guidelines. The reviewed records addressed prior manipulative treatment but failed to address by comparative evaluations clinical evidence of functional improvement following treatment supporting additional treatment. The reviewed records failed to support the medical necessity for additional Chiropractic manipulation 12 sessions to the lumbar spine or comply with referenced CAMTUS Chronic Treatment Guidelines. Requested imaging of lumbar spine was not supported by objective clinical evidence of neurological deficits of the spine or lower extremities supporting referral. The medical necessity for imaging was not supported by reviewed medical records or ACOEM Guidelines, Ch. 12, pg 303.