

Case Number:	CM15-0018040		
Date Assigned:	02/06/2015	Date of Injury:	03/17/2014
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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 patient is reported to be a 67 year old female with a 3/17/14 date of injury. Her treating diagnosis includes chronic lumbar sprain/strain with radiculopathy into the left leg. Her past medical history of treatment includes Chiropractic care and Physical Therapy all provided prior to the request for additional Chiropractic care on 11/24/14. A reevaluation report dated 12/17/14 reported the patient with lumbar spine ROM loss and regions of tenderness and spasm. The recommended plan of care was to include Chiropractic physiotherapy for lumbar spine rehabilitation per Agreed Medical Evaluation. On 12/26/14 a UR determination denied the request for additional Chiropractic physiotherapy to the lumbar spine 2x4 based on the absence of any documented functional improvement provide with the prior course of care; the medical necessity for continued care was not established leading to non-certification of the requested care, 2x4. CAMTUS Medical Treatment Guideline pg.58/59 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy for lumbar spine two times four: 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envir.

Decision rationale: The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The CAMTUS Treatment Guidelines for manual manipulation/physiotherapy require objective clinical evidence of functional improvement prior to consideration of additional care. The subject UR determination of 12/26/14 was an appropriate denial of care denying additional Chiropractic physiotherapy based on the referenced CAMTUS Treatment Guidelines and the failure of prior care to demonstrate functional improvement.