

Case Number:	CM15-0111453		
Date Assigned:	06/17/2015	Date of Injury:	04/04/2014
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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 was a 60-year-old male, who sustained an industrial injury, April 4, 2014. The injured worker previously received the following treatments 6 sessions of acupuncture, physical therapy, 12 chiropractic services, home exercise program, stretching, strengthening program, Norco, lumbar spine MRI showed multilevel spinal canal and neural foraminal compromise, there was marrow edema identified in the L5 vertebral body, most likely reactive edema secondary to degenerative disk disease. However, acute compression injury cannot be excluded. The injured worker was diagnosed with lumbar stenosis L3-L4, L4-L5 and L5-S1, lumbar degenerative disc disease and lower back pain. According to physician's note of May 18, 2015, the injured worker had completed 12 sessions of chiropractic services with increased range of motion and objective improvement. The progress note of March 9, 2015, the injured worker's chief complaint was low back pain. The injured worker wished to continue chiropractic services, due to the injured worker felt he was getting better. The physical exam noted the injured worker was hunched forward with the low back. The injured worker was leaning to the left. There was decreased range of motion in all plans in the lower back. There was 4 out of 5 strength bilaterally with the ankle dorsiflexion and knee flexion. The treatment plan included chiropractic services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times per week for 6 weeks to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792. 20 et seq. Effective July 18, 2009; 2009; 9294. 2; pages 58/59: manual therapy and manipulation Page(s): pages 58/59.

Decision rationale: The UR determination of 6/1/05 denied the treatment request for an additional course of Chiropractic care, 12 sessions to the patients lumbar spine citing CAMTUS Chronic Treatment Guidelines. The prerequisite for additional care per CAMTUS Chronic Treatment Guidelines is objective clinical evidence of functional improvement documented prior to the request for additional care; none was provided. The medical necessity for additional Chiropractic care, 12 sessions was not provided or complied with referenced CAMTUS Chronic Streamline Guidelines.