

Case Number:	CM15-0111499		
Date Assigned:	06/17/2015	Date of Injury:	03/21/2015
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
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 is a 46-year-old male, who sustained an industrial injury on March 21, 2015. The injured worker was diagnosed as having lumbar strain/sprain, lumbar discopathy and lumbosacral radiculopathy. Treatment to date has included chiropractic therapy and medication. A progress note dated May 5, 2015 provides the injured worker complains of low back pain radiating down the right leg with numbness and tingling. Physical exam notes lumbar tenderness with decreased range of motion (ROM), positive straight leg raise and decreased sensitivity of the right lower extremity. The plan includes continued chiropractic therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 05/15/15) - Online Version - Lumbar & Thoracic (Acute & Chronic).

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: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/27/15 denied the treatment request for additional Chiropractic treatment to the lumbar spine, 12 sessions citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records failed to satisfy the prerequisites for consideration of additional care by providing objective clinical evidence of functional improvement following a prior course of treatment. The medical necessity for additional treatment was not supported by reviewed records or comply with referenced CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.