

Case Number:	CM15-0112087		
Date Assigned:	06/18/2015	Date of Injury:	03/30/2011
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/10/2015

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 53 year old female, who sustained an industrial injury on 3/30/2011. She reported pain in the right wrist/hand and right hip and also increased pain in the low back after falling. Diagnoses have included lumbosacral spondylosis without myelopathy, right hip labral tearing and chronic greater trochanteric bursitis, left hip compensatory greater trochanteric bursitis and lumbar spine pain. Treatment to date has included right wrist splinting, physical therapy, hip surgery and medication. According to the progress report dated 4/23/2015, the injured worker complained of back pain. Physical exam revealed continued hip pain, continued knee pain and back pain with stiffness and spasm. Authorization was requested for twelve chiropractic sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 12 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

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; ; 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): 58/59.

Decision rationale: The UR determination of 5/20/15 denied the treatment request for an additional 12 sessions of Chiropractic care to the patient's lumbar spine citing CAMTUS Chronic Treatment Guidelines. The reviewed records reflect a prior treatment course of care without reporting that provided care resulted in documentation of functional improvement as required by CAMTUS Chronic Treatment Guidelines. The request for the additional care, 2 sessions of Chiropractic care is not medically necessary and was not provided and fails to comply with referenced CAMTUS Chronic Treatment Guidelines.