MAXIMUS Federal Services

Case Number:	CM15-0112868		
Date Assigned:	06/19/2015	Date of Injury:	11/20/2013
Decision Date:	07/21/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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 52-year-old female patient who sustained an industrial injury on 11/20/2013. The accident is described as while working as a school coach she bent wrong twisted and injured her back. Previous treatment modalities included: chiropractic session and conservative care. A recent follow up visit dated 05/04/2015 reported current medications as: Ibuprofen and Flexeril. The patient states that with Ibuprofen and chiropractic therapy she has seen or felt the biggest improvement. She is still working regular duty. The patient has undergone 6 knee surgeries. Current subjective complaints show the patient with lumbar back pain greater on left side graded as moderate to severe pain. There is also tight, burning and aching pain lateral calf. She states that chiropractic sessions are really the only thing that helps the pain. She has declined any injections or epidurals. She is currently paying out of her insurance for chiropractic care. 04/17/2015 the treating diagnoses were: exacerbation of industrial annular tears at 2 levels which results in the patient experiencing radicular symptom. The plan of care continues to recommend additional chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic visits for low back Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

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): 58/59.

Decision rationale: The 5/11/15 UR determination denying additional Chiropractic care, 6 sessions to the patient's lower back, cited CA MTUS Chronic Treatment Guidelines is support of denial. The patient's prior history of Chiropractic care included up to 30 visits for management of the lower back. The treatment request failed to address any flare or exacerbation supporting a return to manipulative care or any functional gains from prior care as required by the CA MTUS Chronic Treatment Guidelines. The records reviewed or the CA MTUS Chronic Treatment Guidelines that require evidence of functional improvement sat the time of care request did not support the medical necessity for further care, 6 sessions to the lower back.