

Case Number:	CM15-0122427		
Date Assigned:	07/06/2015	Date of Injury:	03/25/2007
Decision Date:	08/04/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	06/25/2015

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 62-year-old male, who sustained an industrial injury on 3/25/07. The injured worker has complaints of right shoulder, lumbar spine and left knee pain. The documentation noted that the left knee has tenderness at the medial joint line. The left lower extremity has decreased sensation in the L3 and L4 dermatomes with corresponding decrease muscle strength in ankle dorsiflexion and knee extension. Lumbar spine examination revealed tenderness at the L3 vertebra, the L4 vertebra and the L5 vertebra. The diagnoses have included left knee, tibial plateau fracture; lumbar spine, left and right sciatica; left knee, mild posttraumatic degenerative joint disease; knee pain and chondromalacia. Treatment to date has included chiropractic treatments; soma; norco and neurontin. The request was for chiropractic treatments, lumbar spine, 2 times per week for 6 weeks or 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatments, lumbar spine, 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation 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 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 UR determination of 6/19/15 for 12 additional Chiropractic visits to manage the patients lower back was denied citing CAMTUS Chronic Treatment Guidelines. The reviewed documentation of functional gains were supportive of pain modification and peer contact addressing the prior Chiropractic care. The medical necessity for the additional 12 sessions of Chiropractic care was not supported by the reviewed medical records or the CAMTUS Chronic Treatment Guidelines that address an initial trial of care, 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks.