

Case Number:	CM15-0123394		
Date Assigned:	07/07/2015	Date of Injury:	02/05/2014
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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:

This 52 year old man sustained an industrial injury on 2/5/2014. The mechanism of injury is not detailed. Diagnoses include displaced intervertebral lumbar disc, lumbar sprain/strain, thoracic/lumbar neuritis, and lumbago. Treatment has included oral medications. Physician notes on a PR-2 dated 5/13/2015 show complaints of pain and weakness in the lumbar spine. Recommendations include additional chiropractic sessions, external vest carrier class a and class b, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x8 sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 6/8/15 UR determination denied the request for an additional Chiropractic care citing CAMTUS Chronic Treatment Guidelines. The patients past history of applied Chiropractic care was in question given the absence of the treatment frequency and functional outcomes along with the request of additional care exceeding CAMTUS Guidelines that recommend trail of 6 sessions. The medical necessity to exceed guidelines for an initial trial and the absence of objective evidence of functional improvement documented with prior care was not found in the records reviewed or supported by CAMTUS Chronic Treatment Guidelines.