MAXIMUS Federal Services

Case Number:	CM15-0123693		
Date Assigned:	07/08/2015	Date of Injury:	01/24/2012
Decision Date:	08/04/2015	UR Denial Date:	06/19/2015
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 43 year old male sustained an industrial injury to the low back on 1/24/12. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy and medications. In a PR-2 dated 5/16/15, the injured worker complained of frequent/intermittent moderate radiating low back pain with stiffness and discomfort. The injured worker reported that his pain was slightly improved. The treatment plan included six additional chiropractic therapy sessions with therapeutic exercises and physical therapy. Physical exam was remarkable for lumbar spine with tenderness to palpation, slightly improved range of motion, positive Kemp's, positive straight leg raise, positive right Bowstring, Ely's, Milgram's and Valsalva tests with decreased lower extremity strength. Current diagnoses included lumbar spine distribution findings with radiculopathy. The treatment plan included requesting additional chiropractic therapy, therapeutic exercise and physical therapy, twice a week for two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) visits of chiropractic and physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation and Physical Medicine Page(s): 98.

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; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 6/19/15 UR determination denied the request for 6 additional Chiropractic visits for management of the patients lumbar spine citing CAMTUS Chronic Treatment Guidelines. The patient's prior history of Chiropractic treatment as reported in supplemental reports failed to document functional improvement as required by CAMTUS Treatment Guidelines. The medical necessity for the requested additional 6 Chiropractic visits was not supported by reviewed medical reports or CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.