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| Case Number: | CM15-0129491 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 10/02/2003 |
| Decision Date: | 08/27/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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 is a 44 year old female with an October 2, 2003 date of injury. A progress note dated May 26, 2015 documents subjective complaints (some increased soreness in her joints including the wrist, elbow, and shoulder; some swelling and stiffness of the hands in the morning; back pain has been up and down), objective findings (some swelling of the hands; back exam without change with some restriction for forward flexion), and current diagnoses (chronic lower back pain with opioid maintenance). Treatments to date have included medications. The medical record indicates that the injured worker is doing fairly well with the treatment regimen. The treating physician requested authorization for chiropractic treatment for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro x 6 for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

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 pages 58/59 Page(s): 58/59.

Decision rationale: The UR determination of 6/12/15 denied the request for Chiropractic care to manage the patients lower back citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect referral for a Chiropractic evaluation but no clinical records of an evaluation of the patient's lower back were provided to a subsequent request for 6 sessions of Chiropractic care. The reviewed medial records fail to support the medical necessity for the requested 6 sessions of Chiropractic care and are not supported by the referenced CAMTUS Chronic Treatment Guidelines.