

Case Number:	CM15-0063958		
Date Assigned:	04/09/2015	Date of Injury:	07/10/1989
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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 58-year-old male, who sustained an industrial injury on 7/10/89. The initial complaints are not noted in the submitted documentation. The injured worker was diagnosed as having degenerative lumbar or lumbosacral intervertebral disc; displacement lumbar intervertebral disc without myelopathy. Treatment to date has included chiropractic therapy. Currently, the PR-2 notes dated 11/24/14 indicate the injured worker complains of an exacerbation of his right low back and right leg pain. He indicates that his exercises and home remedies have not helped relieve his pain. He states that Chiropractic treatment allows him to function better. The treatment plan for this date is asking for an authorization and treatment (for 11/21/14) as well as 2 additional treatments over the next several weeks to help relieve the effects of his functional loss exacerbation (for a total of three requested treatments). The next PR-2 notes submitted are dated 9/5/14, 10/18/14, 11/24/14, 12/29/14 and then 2/9/15. These notes document visits over the next few months and not several weeks. The notes demonstrate treating exacerbation of low back pain and shoulder pain. The provider has requested retrospective Chiropractic X 2 Sessions Lumbar Spine and Retro Chiropractic X 3 Sessions Lumbar Spine and is not specific about the actual dates of service for these services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Chiropractic X 2 Sessions Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The reviewed medical records do not support the medical necessity for Chiropractic care provided on DOS 9/5/14 and 10/18/14. The medical necessity for these two dates of service were not supported by evidence of a recent flare or exacerbation where Chiropractic care was necessary or evidence that applied care was consistent with CA MTUS Chronic Treatment Guidelines. The UR determination to deny these two DOS was reasonable and supported by CA MTUS Chronic Treatment Guidelines.

Retro Chiropractic X 3 Sessions Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The PR-2 dated 11/21/14 requested 3 Chiropractic visits to manage a reported flare of lower back pain that upon reexamination demonstrated sufficient clinical evidence to support care. The UR contact with the provider revealed that 2 of the 3 requested sessions were completed with no additional clinical support based on residuals that 1 additional visit was required. The reviewed medical records did not support the medical necessity for 3 Chiropractic visits or comply with referenced CA MTUS Chronic Treatment Guidelines.