

Case Number:	CM15-0068650		
Date Assigned:	04/16/2015	Date of Injury:	12/17/2009
Decision Date:	05/15/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/10/2015

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 41 year old male sustained an industrial injury to the low back on 12/17/09. Previous treatment included magnetic resonance imaging lumbar surgery and medications. In a PR-2 dated 2/27/15, the injured worker had flown in from [REDACTED] to see the pain management physician and primary treating physician. The injured worker complained of low back pain and leg weakness that was exacerbated by flying and walking in the airport. The injured worker reported using his cane more frequently. Physical exam was remarkable for sensory loss at the L5-S1 distribution bilaterally, with positive Kemp's test, pain with range of motion, decreased right leg strength and lumbar spine spasms bilaterally. Current diagnoses included lumbar pain, lumbar myospasm and lumbar sprain/strain. The treatment plan included one chiropractic therapy visit for emergency care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 1 visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and 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 UR determination of 4/6/15 denied Chiropractic care citing CAMTUS Chronic Treatment Guidelines. The patient reportedly presented with a flare-up on 2/27/15 after a plane flight. The patient has received prior Chiropractic care and continues to take pain medication for back and leg pain. The reviewed medical records failed to establish the medical necessity for a single Chiropractic visits with care not supported by CAMTUS Chronic Treatment Guidelines. Prior care with manipulation was not credited with providing evidence of functional improvement or evidence that the patient was engaging in self-management with a HEP program of stretching or rehabilitative exercise. The request is not medically necessary.