

Case Number:	CM15-0091408		
Date Assigned:	05/15/2015	Date of Injury:	12/31/2012
Decision Date:	08/12/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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 56 year old female, who sustained an industrial injury on 12/31/2012, resulting in a back injury secondary to lifting. On provider visit dated 05/18/2015 the injured worker has reported back pain. On examination there was a tender left posterior sacroiliac region was noted. SI joint was slightly tender and right shoulder was very painful with a positive impingement noted. The diagnoses have included lumbar strain, chronic right lower extremity radiculopathy, and status post lumbar epidural steroid injections. Treatment to date has included medication, ice packs and chiropractic therapy. The provider requested additional chiropractic treatments to lumbar 2 x a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatments to lumbar 2 x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

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

Decision rationale: The UR determination of 4/23/15 denied the request for additional Chiropractic care, 8 sessions to manage the patient's lumbar spine citing CA MTUS Chronic Treatment Guidelines. Prior to this determination, a prior course of Chiropractic was certified and reported as partially completed. The records do not reflect the patient reporting any functional gains or the requesting provider documenting and objective functional improvement as required by the CA MTUS Chronic Treatment Guidelines. The reviewed records of prior applied care along with the referenced CA MTUS Acupuncture Treatment Guidelines do not support the additional treatment request of 8 additional Chiropractic visits to the patient's lower back. The request is not medically necessary.