

Case Number:	CM15-0093348		
Date Assigned:	05/19/2015	Date of Injury:	03/20/2001
Decision Date:	06/19/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/14/2015

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 55-year-old female who sustained an industrial injury on 03/20/01. Initial complaints and diagnoses are not available. Treatments to date include medication, chiropractic treatment, and back surgery, as well as recent Botox injections, which caused increased muscle spasms. Diagnostic studies are not addressed. Current complaints include low back pain with radicular pain in the left lower extremity. Current diagnoses include post laminectomy syndrome and chronic myofascial pain. In a progress note dated 04/21/15, the treating provider reports the plan of care as additional chiropractic treatment, traction via an inclined board, and medications including meclufenamate, zanaflex, Gralise, and Norco, as well as Elavil. The requested treatments include are 6 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation, lumbar (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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; 2009; 9294.2; pages 58/59: manual therapy and manipulation.

Decision rationale: The UR determination to deny the requested Chiropractic care, 6 sessions was dated 5/7/15 and cited CA MTUS Chronic Treatment Guidelines. The patient was reportedly unresponsive to a prior Botox injection overall increased her pain. Medication modification was made. The Chiropractic care although reasonable did not comply with referenced CA MTUS Chronic Treatment Guidelines. 6 Chiropractic visits is not medically necessary by referenced guidelines and reviewed medical reports.