

<b>Case Number:</b>	CM13-0027580		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 34 year old female patient with chronic pain in the neck, low back, hip, and LE, date of injury is 01/15/2010. Previous treatments include physical therapy, chiropractic, medications, injections, and home exercise program. Progress report dated 07/25/2013 by the treating doctor revealed patient with an increase in pain since the last visit, rated 9/10 on pain scale. Right hip examination revealed positive Fabere, positive Gaenlen's test, positive SI tenderness to palpation, pain with compression of the SI joint, there is an obvious indentation in the right paraspinal above the hip with tenderness to palpation, tenderness to palpation of the right trochanteric bursa, mildly antalgic gait. Diagnoses include right ligamentous disruption of SI joint, right SI dysfunction and right trochanteric bursitis. The patient is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the right SI joint (8 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** Reviewed of the available medical records showed that the patient has had 8 chiropractic treatments from March 2013 to May 2013. The patient presents with an increased in her pain level on 07/25/2013 due to not been able to get chiropractic care and it causes her pain to increase. Based on MTUS guidelines, previous chiropractic treatments have failed to provide the patient with objective functional improvement, and maintenance care is not medically necessary. Therefore, the request for additional 8 chiropractic treatment is not medically necessary.