

Case Number:	CM13-0031583		
Date Assigned:	12/04/2013	Date of Injury:	02/11/2010
Decision Date:	01/22/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/03/2013

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 Care 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 64 year old female patient with chronic cervical, low back pain and left hip pain, date of injury 02/11/2010 and subsequently 10/03/2012. The previous treatments include medications, physical therapy, chiropractic, acupuncture and low back surgery (September 2010). The patient also claimed to have developed urinary incontinence due to pain medications and insomnia due to pain and stress. The PR-2 report dated 09/03/2013 by [REDACTED] revealed neck and back pain that increase with activities; exam of the cervical spine noted paravertebral muscle tender, spasm is present, range of motion is restricted, left hip revealed greater trochanter is tender to palpation, range of motion is decreased on flexion/abduction by 30%, and low back paravertebral muscle tender, spasm is present, range of motion restricted and straight leg raise is positive; diagnoses cervical radiculopathy, lumbar radiculopathy, status post laminectomy, and hip internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic visits three (3) times a week for four (4) weeks to the lumbar spine, neck, left hip and left leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-59.

Decision rationale: A review of medical records indicated that this patient had received multiple chiropractic treatments in the past with no significant objective functional improvement documented. The current request for chiropractic treatment 3x a week for 4 weeks also exceeds the California MTUS guidelines recommendation of 6 trial visits for chiropractic manipulation. Therefore, the request for chiropractic treatment 3x a week for 4 weeks is not medically necessary.