

Case Number:	CM13-0031837		
Date Assigned:	12/04/2013	Date of Injury:	05/14/2013
Decision Date:	01/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed 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 31 year old male patient with low back pain radiating to the right leg and bilateral hip pain, date of injury 05/15/2013. Previous treatments include back brace, can, crutches, medications and chiropractic. Progress report dated 07/16/2013 by [REDACTED] revealed right hip pain aggravated by sitting and standing, lying on his left side is not painful, patient ambulates with crutches; exam noted limited and painful L/s ROM: 65/90 flexion, 15/30 extension, 15/20 right lat. flexion, 15/20 left lateral flexion, 25/30 right rotation, 15/30 left rotation, positive Milgram test, positive Kemp's test, B/L hypertonic dorsolumbar paraspinal musculature, SLR at 46 degree with pain radiating into the right leg, diagnoses enthesopathy of hip, hip contusion, sp/st of lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, Subchapter 1 Administrative Director Administrative Rules.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: Orthopaedic surgical consultation report dated 06/12/2013 by [REDACTED]
[REDACTED]: patient reports chiropractic therapy was "not helpful". The available medical records did not document any objective functional improvement from prior chiropractic treatments. Therefore, based on the guidelines cited above, the request for chiropractic treatments x 6 is NOT medically necessary.