

Case Number:	CM13-0049819		
Date Assigned:	12/27/2013	Date of Injury:	07/21/2013
Decision Date:	06/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine & Rehabilitation 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:

This is a 42-year-old male who sustained injury on 07/21/2013 while lifting a large and heavy steel rod from the ground and developed burning pain in his abdomen. After a couple of days, he noticed swelling on his umbilical region. He was seen by [REDACTED] on 09/11/2013 with complaints of abdominal pain. On physical exam, there were no palpable abdominal masses, no abdominal wall and groin bulging or edema, and no abdomen tenderness or guarding. A hernia was identified in umbilical which was reducible. The remainder of the exam was negative. Treatment plan was referral to general surgery consultation for umbilical hernia. He was seen by the chiropractor, [REDACTED], on 10/21/2013 with complaints of umbilical abdomen pain and lower back pain. He denied radiating pain. He stated bending and stooping increased his symptoms. He was wearing back and abdomen brace. On physical exam, he was ambulating within normal limits without assistance getting on and off exam table. Abdomen and umbilical area revealed a small quarter-size hernia bulge in the left upper quadrant of the belly button with 3+ tenderness to palpation. Valsalva maneuver increased pain in the abdomen. Lumbar spine exam showed tenderness, lumbar ROM was grossly normal but painful. Bilateral leg raising was positive, Patrick-Faber test was positive bilaterally with pain increasing in abdomen, Deerfield positive on the left, prone short leg test was positive on the left. Lasegue and Braggard tests were negative bilaterally. Treatment plan was chiropractic therapy 2x for 4 weeks but that was deferred until evaluated and treated by a hernia specialist. The current review is for chiropractic treatment x8 visits, which was non-certified by [REDACTED] on 10/28/2013 because of pending consultation with a hernia specialist and chiropractic treatment is deferred until hernia pain is decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT QTY 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

Decision rationale: In the case of this injured worker, there is documentation of an umbilical hernia and a hernia consultation is pending. It is important for the issue of a hernia to be addressed first and foremost prior to undergoing chiropractic care. Chiropractic care involves spinal manipulations which would at times potentially increase intra-abdominal pressure, which could possibly complicate a hernia. In fact, a physical examination on October 21, 2013 indicates that a Valsalva maneuver had increased the pain in the abdomen. Therefore manipulations are a relative contraindication, and the request for chiropractic care at this time is not medically necessary and appropriate.