

Case Number:	CM13-0060561		
Date Assigned:	12/30/2013	Date of Injury:	06/03/2009
Decision Date:	07/31/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/03/2013

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 licensed in Chiropractor 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:

The claimant is a 45-year-old female who was involved in a work injury on 6/3/2009. The injury was described as the claimant injured her left leg when she twisted the leg and foot. As a result of prolonged limping the claimant began to develop left hip and sacroiliac joint pain. The claimant underwent injection therapy for the hip and SI joint complaints. In February 2013 the claimant was reportedly lifting a heavy patient reportedly over 400 pounds. As a result, she had marked increase of pain in her sacroiliac joint, hip, and foot. On 8/5/2013 the claimant underwent a qualified medical evaluation with [REDACTED], orthopedic surgeon. According to this report treatment consisted of physical therapy, medication, and injection therapy. The claimant was diagnosed with chronic strain with plantar fasciitis and extensor tendinitis of the left foot, strain of the left hip with greater trochanteric bursitis and sacroiliac joint strain. The determination was that the claimant was at maximum medical improvement with a 3% whole person impairment. The claimant was able to return to work with no restrictions. With respect to future medical care it was noted that the claimant may require follow-up treatment for exacerbations above and beyond her permanent and stationary level. On 8/24/2013 the claimant presented to the office of [REDACTED], and began a course of chiropractic treatment. The claimant reportedly received 5 treatments through 9/9/2013 at which time the claimant had an exacerbation of her chronic back complaints. A request for additional chiropractic treatment was submitted. There was no specific number requested. This request was denied by peer review. One of the reasons was that the plan of care is unclear as the number of requested sessions is not identified. The claimant was last seen by her PTP, [REDACTED], orthopedic surgeon, on 10/2/2013. This report indicated that the patient is moving to Texas and will need to be seen by a physician there. The claimant apparently moved to [REDACTED], and was evaluated by [REDACTED] orthopedist, on 10/9/2013 for complaints of lower back pain. The impression was that

patient is here for evaluation of her lower back. She was being treated in California for many years for injury from 2009. Her most recent treatment was with [REDACTED] which included cortisone injection in the left greater trochanter times 2. She has also had physical therapy. She indicated that she was diagnosed with sacroiliac joint problem. Her history and physical exam suggest a lower back condition. We would recommend an MRI of the lumbar spine to determine what we are treating. This would include the sacroiliac joints. The claimant followed up with [REDACTED] on 12/11/2013. This report indicated that the lumbar MRI revealed multilevel spondylosis with degenerative changes most severe at L2/3. The sacral MRIs were unremarkable. The recommendation was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC VISITS: Upheld

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

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

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, states that manipulation is recommended as an option as therapeutic care in a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The claimant underwent 5 treatments with overall improvement but had an exacerbation. There was a request for additional treatment. However, there was no specificity regarding the frequency or duration of care. In order to appropriately apply the above guideline there must be a frequency and duration component of this request. A blanket authorization for an unspecified number of chiropractic treatments is not supported by MTUS guidelines. Therefore the requested is not medically necessary.