

Case Number:	CM13-0062901		
Date Assigned:	05/07/2014	Date of Injury:	02/09/2010
Decision Date:	07/09/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 47 year old male with chronic lumbar and left ankle pain, date of injury 02/09/2010. Previous treatments include medications, topical pain gels, physical therapy, surgery of the left ankle. Progress report dated 09/18/2013 by the treating doctor revealed ongoing pain and stiffness in the lumbar spine, radiating to the left leg with numbness and tingling; left ankle pain. Objective findings include tenderness, hypertonicity of the paralumbar muscles, decreased ROM in lumbar spine, tenderness and decreased ROM of the left ankle. Treatment plan include medications and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS 2 TIMES PER WEEK FOR 6 WEEKS IN TREATMENT OF THE LUMBAR AND LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANNIPULATION Page(s): 58.

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

Decision rationale: CA MTUS guidelines do not recommend chiropractic treatments for ankle pain and recommend 6 trial visits over a 2 week period for low back pain with evidence of

functional improvement. The request for chiropractic treatments 2x per weeks for 6 weeks for the lumbar and ankle is not medically necessary. The request is not medically necessary and appropriate.