

<b>Case Number:</b>	CM13-0069513		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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:

The patient is a 43-year-old female who injured her hips and low back on 4/9/2011 while performing her job duties as a nurse. According to the primary treating physician's report the patient "is tender laterally over the greater trochanter area. She has a little tenderness over the groin area over the joint but does have pain in both areas with range of motion (ROM) of the hip, especially abduction and internal and external rotation." Patient has been treated with medications, different types of injections, multiple nerve ablations (removal of nerves), hot/cold therapy, physiotherapies, physical therapy, home exercises and chiropractic care. The diagnosis assigned by the primary treating physician (PTP) is hip pain. An MRI study of the right hip has evidenced "a blunted labrum", which has been interpreted as a negative study by the specialty physician. The electromyography/nerve conduction velocity (EMG/NCV) performed, resulted in a normal study. The PTP is requesting twelve (12) additional chiropractic sessions to the right hip and lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ADDITIONAL CHIROPRACTIC TREATMENTS TO THE LOW BACK AND RIGHT HIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS - DEFINITIONS, PAGE 1. AND OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK AND HIP & PELVIS CHAPTERS, MANIPULATION SECTION.

**Decision rationale:** The Official Disability Guidelines state:"Need to re-evaluate treatment success, if return-to-work (RTW) achieved then one-to-two (1-2) visits every four-to-six (4-6) months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The ODG Guidelines recommend a maximum of ten (10) visits. The MTUS Guidelines defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The chiropractic treatment records submitted for review, do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. The objective findings of each treatment note from the treating chiropractor show no changes and no objective improvement according to the MTUS definitions. The primary treating physician (PTP) describes some improvements with treatment, but no objective measurements are listed. The Oswestry Questionnaire available in the records describes the patient's subjective complaints and these are not objective findings. The additional twelve (12) chiropractic sessions requested to the lumbar spine and hip are not medically necessary and appropriate.