

Case Number:	CM14-0100448		
Date Assigned:	07/30/2014	Date of Injury:	11/14/1994
Decision Date:	08/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 a licensed Chiropractor and is licensed to practice in Texas. 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 injured worker is a 67-year-old male who reported an injury on 11/14/1994. The mechanism of injury was not provided within the medical records. The clinical note dated 12/06/2013 indicated a diagnosis of sacroiliac strain/sprain. The injured worker reported an increase in pain. The injured worker reported his pain level was now at 5/10 to 6/10. The injured worker reported trouble bending and twisting at the waist, having difficulty performing activities of daily living. The injured worker reported he used over-the-counter medication and ice for pain relief. The injured worker reported he had a history of chiropractic care in the past with a good reduction of pain and improved range of motion in the thoracic/lumbar function. On physical examination of the lumbar spine, there was bilateral paralumbar hypertonicity. The injured worker's thoracic/lumbar spine range of motion revealed flexion of 45, extension to 15, right lateral flexion of 15, left lateral flexion of 15, and right rotation of 15, left rotation of 20. The injured worker had a positive Kemp's bilateral lumbosacral pain. The injured worker had hypermobility at T12-L1 bilaterally at the sacroiliac joints. The injured worker's prior treatments included diagnostic imaging, chiropractic care, and medication management. The provider submitted a request for chiropractic treatment. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments, 2 times per week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation and Therapy, page(s) 58 Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. The amount of chiropractic visits the injured worker previously completed was not provided in the documentation submitted to warrant additional therapy. In addition, the request does not specify the site for treatment. Moreover, the completed chiropractic therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching, and range of motion. Furthermore, the documentation submitted did not indicate the injured worker had any exacerbations or significant changes. Therefore, the request for chiropractic treatment is not medically necessary.