

Case Number:	CM14-0117887		
Date Assigned:	08/06/2014	Date of Injury:	12/04/2013
Decision Date:	10/01/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/28/2014

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 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:

The injured worker is a 46 year old male who reported an injury on 12/04/2013 due to an unknown mechanism of injury. The injured worker was diagnosed with SI syndrome with associated gluteus medius rigidity and weakness. The injured worker was treated with 6 visits of chiropractic therapy ending on 06/25/2014. The injured worker had no diagnostics or surgical history in the medical records. Per the 07/01/2014 evaluation, the injured worker complained of intermittent low back pain on the left as a flare-up from doing a home exercise program. With chiropractic treatment, the injured worker had improved flexion from 20 degrees to 70 degrees, extension from 10 degrees to 30 degrees, right lateral flexion from 5 degrees to 10 degrees, and left lateral flexion from 10 degrees to 20 degrees. The treatment plan was for 8 additional chiropractic treatments to the back. The rationale for the request was to restore and maintain range of motion to the SI joint. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic treatments to the back #8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 148, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for additional chiropractic treatments to the back #8 is not medically necessary. The injured worker was treated with 6 visits of chiropractic therapy ending on 06/25/2014. The California MTUS recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend up to 4-6 sessions of chiropractic treatment for the lumbar spine in order to produce effect and with evidence of objective functional improvement up to 8 weeks of treatment. The guidelines recommend a frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition and treatment may continue at 1 treatment per week for the next 6 weeks. With chiropractic treatment, the injured worker had improved flexion from 20 degrees to 70 degrees, extension from 10 degrees to 30 degrees, right lateral flexion from 5 degrees to 10 degrees, and left lateral flexion from 10 degrees to 20 degrees. The injured worker completed 6 visits on 06/25/2014. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's remaining functional deficits. The request does not specify the frequency or duration of treatment. As such, the request for additional chiropractic treatments to the back #8 is not medically necessary.