

Case Number:	CM14-0167009		
Date Assigned:	10/15/2014	Date of Injury:	05/30/2014
Decision Date:	11/28/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 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 54-year-old male who was involved in a work injury on 5/30/2014 in which he injured his lower back and foot. The injury was described as the claimant "was helping a member loading their vehicle with heavy objects." The claimant presented to [REDACTED] on 6/18/2014 complaining of lower back and foot pain. The claimant was diagnosed with lumbar sprain/strain, and foot pain. The recommendation was for medication and cold pack, heating pad, and lumbar support. The recommendation was for a course of therapy at 3 times per week for 2 weeks. On 9/12/2014 the claimant underwent an initial evaluation with [REDACTED] orthopedic surgeon. This report indicated that the claimant initially presented to [REDACTED] and "had x-rays taken and was placed on 6 sessions of chiropractic treatment." At the time of this evaluation it was noted that the claimant "has been on modified duties at work since the last evaluation and has been working as a greeter. Now with prolonged standing, he is having issues at this time. He is complaining of bilateral heel pain in both feet due to his standing portion of his job at this time." The report indicated that the claimant "stated he had relief with use of chiropractic treatment 6 sessions. I will order 8 more sessions 2 times a week for 4 weeks." This request was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Evaluation and Treatment to the Lumbar Spine, 2-times per week for 4-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 manipulation section Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 8 treatments exceed this guideline. A course of chiropractic treatment may be appropriate but since the request exceeds the initial recommendations of MTUS guidelines, the request is noncertified. The claimant did note improvement with respect to the initial 6 treatments that were provided shortly post injury. The claimant's condition appears to have deteriorated as a result of prolonged standing. Treatment consistent with MTUS guidelines would be appropriate. Given that this request is in excess of the guidelines, the request is not medically necessary.