

Case Number:	CM14-0026103		
Date Assigned:	06/13/2014	Date of Injury:	09/05/2010
Decision Date:	07/23/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Chiropractic, has a subspecialty in Pediatric Chiropractic, and is licensed to practice in California, Washington, and New Mexico. 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 25 year old female with an original date of injury of 9/5/10. The patient is now status-post arthroscopic labral resection of the right hip in August 2013. The patient has had 14 sessions of physical therapy, but this was not helpful in relieving the patient's symptoms. The patient continues to have popping of the hip and associated pain. At this time, the patient is temporarily totally disabled. The injured worker has not undergone approved chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TO BILATERAL SACROILIAC JOINTS, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic back pain. The initial trial recommended is six chiropractic visits. If

prior chiropractic treatment has achieved objective, functional improvement, additional chiropractic care may be approved, up to 18 visits over 6 to 8 weeks. In this case, the patient has not received chiropractic treatment, so they would be entering a trial period. As such, eight sessions would exceed the recommended trial, and the request is not medically necessary.