MAXIMUS Federal Services

Case Number:	CM14-0049529		
Date Assigned:	07/07/2014	Date of Injury:	04/17/2010
Decision Date:	08/11/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 licensed in Chiropractic & Acupuncture 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:

Claimant is a 30 year old female who sustained a work related injury on 4/17/2010. Prior treatment includes foot surgery, cortisone injections, work modifications, and oral medication. Per a PR-2 dated 4/16/14, the claimant is being returned to modified work of six hour duration a day. Six visits of chiropractic are being requested for the lumbar spine to introduce home exercise program to improve strengthening. Most of the rest of the report is illegible. Per a PR-2 dated 3/4/14, the claimant complains of pain in the left lateral aspect of the foot and low back pain. The pain is moderate, frequent, sharp, cramping with weakness. Diagnoses are lumbar sprain/strain, ankle sprain, status post neuroma excision in the foot, status post plantar fascia release, status post tarsal tunnel decompression, and complex regional pain syndrome of foot. According to a prior review, two attempts were made to contact the PTP without response. The PR-2s dated 12/26/13 and 2/4/14 are signed by a chiropractors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care two (2) times a week for three (3) weeks for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58-59.

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

Decision rationale: It is unclear whether prior chiropractic has been rendered for this injury. The provider has not responded to prior attempts at communication. There have been two progress reports submitted signed by chiropractors, so the claimant has been evaluated by two separate chiropractors. According to evidenced based guidelines, and initial trial of of six visits may be appropriate for this injury. Since it is unclear whether prior chiropractic has been rendered, chiropractic is not medically necessary at this point.