

Case Number:	CM13-0054944		
Date Assigned:	06/11/2014	Date of Injury:	06/18/2013
Decision Date:	01/08/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 36-year-old male who was involved in a work injury on 6/18/2013. The injury was described as the claimant was installing insulation require a house when he slipped and fell injuring his mid back, lower back, and ankle. The claimant sustained bilateral calcaneus fractures. Due to a failure of conservative treatment to bring about lasting improvement in the claimant's ankle on 10/18/2013 the claimant was authorized to undergo debridement excision of posterior lateral fragment of the left calcaneus and repair of the peroneal tendon. On 10/30/2013 the claimant presented to the office of [REDACTED], complaining of lower back pain and bilateral foot pain. The claimant was diagnosed with lumbosacral sprain/strain, thoracic sprain/strain, and calcaneal fracture. The recommendation was for a course of 8 chiropractic treatments at 2 times per week for the thoracic and lumbar spine. The report indicated that "patient is authorized for left lower extremity surgery with [REDACTED]" scheduled on 11/25/2013. This request was modified to certify 6 chiropractic treatments. In December 2013 a request for 6 additional treatments was denied. On 1/20/2014 the claimant was authorized to receive 6 chiropractic/physical therapy treatments. On 1/31/2014 [REDACTED] reevaluated the claimant. This report indicated that "will see the new surgeon [REDACTED] on February 11, the therapy is helping my back. The leg pain persists using the crutches makes my back hurt. Left wrist pain. The back pain levels are doubt for sometimes a bit more (0-10). The leg is painful at 6 to 8s, the left wrist pain at 3 to 4s from using crutches. I am willing to have the surgery." The report noted that the claimant has received 12 chiropractic treatments and a request for 6 additional treatments at one time per week was submitted. This request was certified by peer review. The purpose of this review is to determine the medical necessity for the 2 noncertified chiropractic treatments from the 10/18/2013 RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic times two (2) sessions to the Lumbar and Thoracic Spine:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: The claimant was authorized 6 sessions of therapy but received a total of 8 treatments. A review of the treatment notes reveals overall improvement as a result of the treatment rendered this claimant. Given the improvement noted as a result of the 6 treatments rendered this claimant, the 2 additional treatments can be considered medically necessary and appropriate. The claimant sustained a significant injury to his heels resulting in a recommendation for surgery. However, the claimant has been able to forgo surgery under the direction of the treating physician. The chiropractic treatment for the lumbar spine has been efficacious in providing relief from his lumbosacral complaints. Therefore, the request is medically necessary.