

Case Number:	CM14-0018849		
Date Assigned:	04/25/2014	Date of Injury:	03/14/2013
Decision Date:	05/05/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 33 year old male, who sustained an industrial injury on March 14, 2013. He reported injury of the right hip and low back. The injured worker was diagnosed as having lumbar strain, ankle sprain, and hip and thigh sprain. Treatment to date has reportedly included work restrictions, medications, and physical therapy. Currently, the injured worker complains of continued low back and right hip pain. A progress note on May 3, 2013, indicates physical findings are limited lumbar range of motion, normal sensation, normal strength, pain is elicited in the right paraspinous region, and Waddels is negative. The right hip is noted to have normal range of motion in all planes, and pain elicited in the back of the right hip. An x-ray of the right hip on May 15, 2013, reveals no fracture or dislocation and a small labral tear. On August 23, 2013, he had an epidural steroid injection and nerve block. On 1/16/2014 the claimant was re-evaluated by [REDACTED], for complaints of right knee pain of one month duration. A request for chiropractic therapy at 2 times per week for 6 weeks for the thoracic and lumbar spine was submitted. This 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 treatment, two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain treatment guidelines which 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." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. 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 12 treatments exceed this guideline. Moreover, there was no indication as to the type and nature of conservative therapy rendered this claimant prior to this request. ACOEM practice guidelines, chapter 2, page 19, medical history section, indicates that "results of previous tests, treatments, or procedures" is an essential part of the history and is essential prior to certifying any additional treatment or diagnostic testing. Therefore, the medical necessity for the requested 12 chiropractic treatments was not established. The request is not medically necessary.