

<b>Case Number:</b>	CM14-0164189		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	04/29/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, Oriental Medicine

### 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 54-year-old female who sustained an industrial injury on May 19, 2014. She has reported pain in the back and right hip and has been diagnosed with pain in joint pelvic region, low back pain, and low back muscle spasms. Treatment has included modified work duty, anti-inflammatory medication, physical therapy, and medical imaging. Currently the injured worker complains of continuous dull, aching, and tightness in the low back. There was also intermittent sharp discomfort in the right hip and upper back. The treatment plan included trigger point work and myofascial release. The UR determination of 10/2/14 denied the requested 2x4 Chiropractic care to the groin/hip citing CA MTUS Chronic Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Modalities (2 times a week for 4 weeks for the Right Groin/Hip): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 43, 45, 83, 92, Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The reviewed medical records reflect the claimant under medical management for right hip/right inguinal sprain/strain following a 5/19/14 date of injury. Prior to the claimants Chiropractic evaluation on 6/30/14 Chiropractic care was initiated, the number of visits unknown. Following the 6/30/14 initial assessment, additional Chiropractic was requested, 8 sessions to the right hip/groin. The UR determination of 10/2/14 supported the recommendation for denial of additional Chiropractic care with the criteria for additional care consideration with the CA MTUS Chronic Treatment Guidelines that require evidence of functional improvement prior to consideration of additional care. Therefore, the request for Chiropractic Modalities 2 times a week for 4 weeks for the Right Groin/Hip is not medically necessary.