

Case Number:	CM14-0189191		
Date Assigned:	11/20/2014	Date of Injury:	07/02/2014
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 a licensed Chiropractor & Acupuncturist, 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 43 year old male who sustained an injury on 7/2/2014. Per a report dated 11/14/2014, the claimant is 70% improved. His right sacroiliac discomfort with symptoms radiating to the leg is greatly improved. It is now mostly needed on walking longer than 20 minutes. Prior to treatment, the claimant needed a cane for ambulation and could not stand more than 5 minutes without rest. Three weeks later, the claimant could stand approximately 20 minutes before rest. In September, he no longer used the cane for ambulation and can walk up to .25 miles before needed rest. He has intermittent right hip pain. He cannot lift more than 10-12 lbs from the floor at waist level. Fabere on the right increased R SI and hip pain. External rotation on the hip and abduction of the hip is limited. Palpation of the piriformis reveals a trigger point on the right. Ischemic compression of the piriformis causes pain referral in L5/S1 dermatomal pattern. Per a correspondence dated 11/26/2014, the claimant has had six chiropractic treatments. Per a statement of the claimant dated 12/2/2014, the claimant states that he is able to go about his daily routine without help and was unable to prior to treatment. His diagnoses are sprain/strain of lumbosacral region.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Sessions, once a week for eight weeks for the right hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. The claimant had clinically significant improvement in activities of daily living following a trial of chiropractic treatment. He is able to ambulate without a cane, perform ADLs without assistance, and able to ambulate and stand longer than prior to treatment. Therefore eight further Chiropractic Visits are medically necessary.