

Case Number:	CM14-0200560		
Date Assigned:	12/10/2014	Date of Injury:	09/24/2012
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Board Certified in Internal Medicine 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 injured worker (IW) is a 69-year-old woman with a date of injury of September 25, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are left elbow extensor tear, per MRI; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and right sacroiliac joint arthropathy. Pursuant to the QME dated August 27, 2014, the IW presents for follow-up complaining of cervical spine and lumbar spine pain rated 3/10. She describes the pain as severe with right leg weakness. Physical examination indicates the IW walks with an antalgic gait to the right. There is diffuse lumbar paraspinous muscle tenderness. There is moderate facet tenderness at L4-S1, right greater than left. Sacroiliac tests are positive on the right and negative on the left. The provider reports that the IW has failed all conservative treatment including physical therapy, chiropractic, medications, rest, home exercise program, and activity modification for more than 6 weeks over the past 12 months. The utilization review states the IW received over 100 chiropractic visits. This was a comment reportedly made by the IW. The documentation does not indicated what area(s) were being treated. The current request is for Chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Chiropractic Therapy.

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic therapy three times a week for four weeks is not medically necessary. The official disability guidelines enumerate the frequency and duration of chiropractic visits based on whether the injury is mild or severe. Mild symptoms up to six visits over two weeks. Severe symptoms: trial of six visits over two weeks, with evidence of objective functional improvement, a total of 18 visits. Elective maintenance care is not medically necessary. Recurrence/flare-ups-need to reevaluate treatment success, if returned to work achieved than 1 to 2 visits every 4 to 6 months when there is evidence of significant functional limitations likely to respond to chiropractic care. In this case, the injured worker's diagnoses are cervical disc disease; right shoulder tendinosis; left elbow extensor tendon tear, per MRI; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and right sacroiliac joint arthropathy. The treatment section in a qualified medical examination dated August 27, 2014 indicates the patient failed all conservative treatment including physical therapy, chiropractic treatment, medications, rest and home exercise program. Consequently, absent documentation supporting objective functional improvement with chiropractic treatments, additional chiropractic treatments are not medically necessary. Additionally, the guidelines allowed for a total of 18 visits with evidence of objective functional improvement. There was none. Utilization review states the injured worker received over 100 chiropractic visits. This was a comment reportedly made by the injured worker. The documentation doesn't indicate what area(s) were being treated and it is unlikely additional chiropractic manipulation would be beneficial. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, chiropractic therapy three times a week for four weeks is not medically necessary.