

Case Number:	CM15-0002043		
Date Assigned:	01/13/2015	Date of Injury:	02/22/2014
Decision Date:	03/12/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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 58-year-old male, who sustained an industrial injury on 02/22/2014. He has reported numbness in his left leg. The diagnoses have included lumbar radiculopathy, lumbar muscle strain, sacroiliac joint sprain, and left sacroiliac joint pain. Treatment to date has included an MRI of the lumbar spine on 06/13/2014, chiropractic therapy, acupuncture, Naprosyn 2 tablets per day, with no relief, Norco, and Baclofen. The medical records provided for review include the chiropractic report dated 08/06/2014. Currently, the injured worker complains of bilateral low back pain and discomfort. He stated that he was a little better since going back to the chiropractor. It was noted that the injured worker had completed three (3) chiropractic visits, and he does not use pain medications for several hours each time he goes. He rated his pain 6-7 out of 10. The injured worker had numbness in the left foot as well. The objective findings included normal range of motion and strength of the bilateral hips; tenderness, pain, and spasm of the low back; normal range of motion of the lumbar spine; tenderness of the right sacroiliac (SI) joint; reduced sensation in the left thigh, lateral leg, and left foot; and reduced left foot extension strength. The treating provider stated that the injured worker still had three chiropractic visits left, but still had immovable SI joint, which could cause significant pain. The provider requested ongoing chiropractic care and deep tissue treatments to maintain SI joint alignment and to reduce pain. On 12/30/2014, Utilization Review (UR) non-certified the request for eight (8) chiropractic visits for the sacroiliac (SI) joint, noting that there was no indication of whether the injured worker has or has not attended the remaining chiropractic sessions, and the objective evidence of functional benefits obtained was not readily apparent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for SI joint, Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), ODG-TWC guidelines, Hip and.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 8 chiropractic sessions for SI joint which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.