

Case Number:	CM15-0002696		
Date Assigned:	01/13/2015	Date of Injury:	03/07/2014
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
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: New York
 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 50-year-old female who reported an injury on 03/07/2014 when she was assaulted at work as a counselor. She was knocked to the ground and reported she was kicked and lost consciousness. Clinical note dated 12/04/2014, revealed the injured worker is still having problems with her low back and right hip and buttock region. Examination of the right hip revealed tenderness diffusely across the low back with pain with log rolling of the hip joint. There is tenderness over the posterior aspect of the greater trochanter. There were no gross focal deficits noted. An x-ray of the pelvis and right hip revealed normal findings. The diagnoses were chronic lumbar spine sprain/strain superimposed upon degenerative disc and joint disease, post-traumatic stress disorder and chronic right hip/buttock pain. Prior therapy included acupuncture, psychiatric intervention and medications. The provider recommended 6 chiropractic therapy sessions to the lumbar spine. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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

Decision rationale: The request for 6 chiropractic therapy sessions for the lumbar spine is not medically necessary. The California MTUS states that chiropractic care for chronic pain, if caused by musculoskeletal conditions, is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to functional activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of functional improvement a total of up to 18 visits over 6 to 8 weeks. Chiropractic care is not recommended as a standalone treatment and requires continued rehabilitation to achieve functional gains. There is no evidence that a continuation of the rehabilitation is planned while chiropractic treatment is to be employed. As such, medical necessity has not been established.