

Case Number:	CM15-0007677		
Date Assigned:	01/26/2015	Date of Injury:	06/22/2007
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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

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 39 year old female with a date of injury as 06/22/2007. The current diagnoses include knee pain, hip pain, pain in joint ankle/foot, muscle pain, chronic pain syndrome, low back pain, and sacroiliac joint pain. Previous treatments include medications, home exercise program, Pilates, and previous chiropractic treatments. Report dated 01/30/2015 noted that the injured worker presented with complaints that included continued low back, hip, knee, and ankle pain. The injured worker stated that previous chiropractic treatments helped to allow her to walk without pain and take less opiate pain medications. The amount of the previously prescribed chiropractic therapy was not made known or the number of visits completed to date. Physical examination revealed positive Patrick's sign on the left, and tenderness over the bilateral paraspinals. The injured worker is not working. The utilization review performed on 12/16/2014 non-certified a prescription for chiropractic 1 x 6 for the low back based on no documentation of the number of previous chiropractic therapy treatments and no documentation of objective improvements with previous treatments. The reviewer referenced the California MTUS and ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or e.

Decision rationale: The claimant presented with ongoing low back pain despite previous treatments with medications, chiropractic, and home exercise programs. Reviewed of the available medical records showed she has completed 9 chiropractic visits on 06/27/2014 with no evidences of objective functional improvements, she has completed 5 additional chiropractic treatment out of 8 visits authorized with help decreased her pain level and help her walk without pain, however, improvement lasted for a few days. According to progress report dated 10/31/2014, her pain returned without chiropractic treatment. The claimant has had 17 chiropractic treatments to date with no lasting objective functional improvement, and maintenance care is not recommended by evidences based MTUS guidelines. Therefore, the request for additional 6 chiropractic therapy is not medically necessary.