

Case Number:	CM15-0008742		
Date Assigned:	01/26/2015	Date of Injury:	07/06/2004
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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: Virginia
 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 32-year-old female who reported an injury on 11/30/2002. The mechanism of injury involved cumulative trauma. The current diagnosis is sacroiliitis. The injured worker presented on 12/31/2014 with complaints of low back pain radiating into the bilateral lower extremities. The injured worker denied weakness and numbness. Previous conservative treatment included anti-inflammatory medication and physical therapy. Upon examination, there was a positive Fortin finger test over the left sacroiliac joint, a positive faber test on the left, a positive Gaenslen's and compression over the left SI joint, and intact sensation. Recommendations at that time included chiropractic therapy. A Request for Authorization form was then submitted on 01/05/2015 for 12 sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions for the sacroiliac twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 12 sessions of chiropractic therapy exceeds guideline recommendations. As such, the request is not medically appropriate at this time.