

Case Number:	CM15-0101735		
Date Assigned:	06/04/2015	Date of Injury:	01/24/2015
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/27/2015

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, Minnesota

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 33 year old male who sustained a work related injury January 24, 2015. According to a doctor's first report of occupational injury or illness, dated January 24, 2015, the injured worker presented after falling backward with complaints of pain to the left hip, lower back, and abdomen. He was diagnosed as a contusion of the hip and lumbar spine and abdominal; pain. He was treated with medication, ice packs, and a lumbar sacral support. Work status documented as modified. According to a primary treating physician's progress report, dated April 15, 2015, the injured worker presented with complaints of a flare-up of low back pain which radiates to the left lower extremity and sacroiliac pain, rated 8-9/10. Handwritten notes are difficult to decipher. Objective findings included; antalgic gait to the right; lumbar spine tenderness and spasm, left greater than right, decreased sensation over the L4-5 dermatomes. Diagnoses are cervical/ lumbar/sacroiliac sprain/strain and s/p left buttock contusion. At issue, is the request for authorization for additional chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment 1 x 6 for the lumbar spine and left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visit over 6-8 weeks. The doctor has requested additional chiropractic treatment of 1 time per week for 6 weeks for the lumbar spine and left hip without evidence of objective functional from the prior treatment. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.