

Case Number:	CM15-0141495		
Date Assigned:	07/31/2015	Date of Injury:	02/04/2013
Decision Date:	09/04/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/21/2015

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 (IW) is a 45 year old male who sustained an industrial injury on 02-04-2013. He reported a right foot crush injury. The injured worker was diagnosed as having: History of right foot crush injury; Cervical spine sprain-strain; Lumbar spine sprain-strain; Thoracic spine sprain-strain; Lumbar spine discogenic disease per x-ray findings; L4-L5-, L5-S1 disc protrusion; C5-C6 disc herniation. Treatment to date has included a TENS unit, use of a Sauna, and use of a single point cane for ambulation. Tests include MRI of the cervical spine in flexion and in extension and MRI of the thoracic spine with flexion and extension. Currently, the injured worker complains of right foot, cervical neck, dorsal spine, and low back pain rated a 7 on a scale of 0-10. He takes no oral medications. He uses a sauna. He ambulates with a single point cane. He was fitted for orthotic shoes, and the orthotic for the boot was denied. According to notes, he would like to return to work but needs the orthotic shoes prior to going back. On exam, the lumbar spine has intact motor strength and decreased range of motion that is painful on flexion and rotation. Lumbar spasms are present. Straight leg raise is positive bilaterally. The cervical spine exam has tenderness to palpation across the cervical trapezial ridge. Facet tenderness to palpation is present bilaterally C4-C7. There is restricted and painful range of motion. The right foot is tender to palpation at the IP (interphalangeal) joint. There is no visible bruising and no gross swelling. There is a large osteophyte over the first MTP (metatarsophalangeal) joint on the right. A request for authorization was made for the following:

1. Office visit, follow-up in 6-8 weeks; 2. Durable medical equipment (DME) orthotic shoes, #1 pair; 3. Durable medical equipment (DME) single point cane; 4. Chiropractic treatment 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care-Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments was not established. A progress report submitted with this review was dated 5/12/2015 in which the claimant complained of right foot pain, cervical pain, dorsal spine pain, and low back pain. The recommendation was for a chiropractic evaluation. An RFA was submitted on 6/9/2015 for chiropractic treatment at 2 times per week for 6 weeks for an unspecified body part. Upon peer review the request was modified to certify a chiropractic evaluation. It appears that the claimant has received 8 chiropractic treatments prior to this request. The time frame over which this treatment was provided, and the response to that treatment, was not available for review. The 6/9/2015 report further indicates that the claimant has "failed conservative treatment measures of oral medications, activity modification, physical therapy and prolonged rest." It appears the claimant has received chiropractic treatment in the past that has failed to resolve his complaints. The current progress report dated 5/12/2015 indicates a request for chiropractic evaluation while the RFA dated one month later indicates a request for chiropractic treatment at 2 times per week for 6 weeks with no corresponding documentation indicating the claimant's current clinical status or clarification as to what body part of the treatment is to be provided. Moreover, the request exceeds medical treatment utilization schedule guidelines. Therefore, the medical necessity for the requested 12 chiropractic treatments was not medically necessary.