

Case Number:	CM15-0189082		
Date Assigned:	10/01/2015	Date of Injury:	10/30/2014
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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 39 year old female, who sustained an industrial injury on 11-30-14. The injured worker is being treated for lumbar strain, rule out disc herniation, previous lumbar spine injury, right hip contusion, right ankle sprain, left knee strain and contusion, status post multiple trauma motor vehicle accident and representation of plantar fasciitis and tibiotalar joint tenosynovitis. Treatment to date has included physical therapy, opioid therapy and activity modifications. On 8-10-15 and 8-18-15, the injured worker complains of persistent low back rated 9-10 out of 10, pain in left knee rated 7-8 out of 10, right hip pain rated 9 out of 10 and right ankle 9-10 out of 10. She is currently not working. Physical exam dated 8-10-15 and 8-18-15 revealed decreased range of motion, decreased quadriceps strength, decreased right hip range of motion with tenderness over the sacroiliac joint on right and swelling of lateral aspect of right ankle with tenderness to palpation, decreased range of motion and decreased strength with flexion and extension. The treatment plan dated 8-18-15 included 6 chiropractic sessions. On 8-26-15 a request for 6 chiropractic sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic sessions, lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

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 visits over 6-8 weeks. The doctor has requested Chiropractic manipulation of 6 visits to the lumbar spine. The request for treatment (6 visits) is according to the above guidelines (6 visits) and therefore the treatment is medically necessary and appropriate. In order to receive more treatment for this patient, the doctor must document objective functional improvement from these 6 approved visits.