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| Case Number: | CM15-0192359 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 05/16/2015 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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 54 year old female, who sustained an industrial injury on 5-16-15. She reported back pain. The injured worker was diagnosed as having lumbar strain, right leg radiculopathy with weakness and sensory loss, and left hip degenerative joint disease. Treatment to date has included 3 physical therapy sessions, injections, and medication including Anaprox, Tramadol, and Fexmid. On 8-20-15 the treating physician noted the injured worker had difficulty with personal hygiene, physical activities, driving, and sleep. Physical examination findings on 8-20-15 included tenderness with spasm over the right L4-5 region and tenderness over the right sacroiliac joint. Sensation was decreased over the right L5 and S1 dermatome distribution. Lumbar spine range of motion was decreased and right ankle reflexes were noted to be absent. Lower extremity strength was noted to be rated 5 of 5 except for ankle plantar flexion and extensor hallucis longus which were decreased. On 8-20-15, the injured worker complained of neck and mid back pain with radiation to the lower extremities to the toes rated as 7 of 10. The treating physician requested authorization for chiropractic treatment for the lumbar spine, right leg, and left hip 2x3. On 9-14-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 3 weeks to lumbar spine, right leg and left hip: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis/Manipulation.

Decision rationale: The claimant presented with pain in the low back, hip, and leg despite previous treatments with medications, injections, and physical therapy. Reviewed of the available medical records showed no prior chiropractic manipulation treatments. According to the guidelines cited, a trial of 6 chiropractic visits is recommended for the low back and up to 10 visits is recommended for the hip. Therefore, the request for 6 chiropractic visits is medically necessary and appropriate.