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| Case Number: | CM15-0031110 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 08/28/2014 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old female sustained an industrial injury on 8/28/14. The injured worker was diagnosed with right hip, elbow, forearm and thigh contusion. Magnetic resonance imaging right hip (10/7/14) showed grade 2 muscle strain without fracture. Magnetic resonance imaging lumbar spine (11/25/14) showed mild degenerative disk and facet joint disease, and annular fissure/tear at L4-5 and L5-s1 associated with broad based disk bulge. Treatment included physical therapy, Acupuncture and medications. The injured worker complained of ongoing low back and hip pain. In a PR-2 dated 1/13/15, the injured worker complained of lumbar spine pain 5-8/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation over the lumbar paraspinals and lumborum with limited range of motion, decreased sensation in the L4-5 distribution bilaterally and positive straight leg raise bilaterally. The physician noted that the injured worker had not improved with physical therapy, Acupuncture, Chiropractic therapy, oral steroids, rest and medications. Chiropractic therapy was still pending for approval. The treatment plan included an epidural steroid injection and refilling Flexeril. On 1/20/15, Utilization Review non-certified a request for Chiropractic Therapy three (3) times a week for three (3) weeks to the Right Hip citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy three (3) times a week for three (3) weeks to the Right Hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 1/20/15 denied Chiropractic care based on the failure or reviewed documents to support medical necessity. Although records reviewed did document multiple diagnoses, handwritten records failed to outline functional deficits that would necessitate manipulative therapy. The denial of 9 Chiropractic visits was appropriate with reviewed medical records failing to establish the medical necessity for treatment by reporting treatable deficits adequately in the medical report. Care as requested was not supported by referenced CAMTUS Chronic Treatment Guidelines relative to the number of visits requested and the lack of objective examination deficits to treat.