

Case Number:	CM15-0046145		
Date Assigned:	03/18/2015	Date of Injury:	09/10/2001
Decision Date:	04/20/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 60 year old female, who sustained an industrial injury, September 10, 2001. The injured worker previously received the following treatments chiropractic services, sacroiliac joint injection, Norco, Flexeril, Tramadol, Toradol injections, Aleve, Celebrex, Darvocet, Dilaudid, Fentanyl Patches, Gabapentin, Hydrocodone, Lexapro, Wellbutrin, Lunesta, Zoloft, Soma, Prozac, Restoril and Robaxin. The injured worker was diagnosed with right hip pain, pain in joint, lumbar pain, lumbosacral pain and sacroiliac pain. According to progress note of November 17, 2014, the injured workers chief complaint was right S1 and left S1 with sharp and burning pain 2 out of 10; 0 being no pain and 10 being the worse pain. Right hip pain was 2 out of 10; the pain was described as sharp. The injured worker was receiving great improvement with chiropractic therapy. The physical exam noted [pain with act range of motion of the lumbar spine and right hip. The straight leg test was negative. The Kemp's test to the right hip was positive. The treatment plan included outpatient chiropractic office visits for the lumbar spine and right hip for five sessions on March 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic office visits for lumbar spine and right hip times five (5) sessions:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic back and sacroiliac joint pain. Prior treatments have included chiropractic care with at least some degree of pain relief. Additional chiropractic treatment is being requested to facilitate return to work. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits with treatment beyond 4-6 visits with documented objective improvement in function. In this case, the requested number of visits is within guidelines recommendations and therefore medically necessary.