

Case Number:	CM14-0160651		
Date Assigned:	10/06/2014	Date of Injury:	10/20/2011
Decision Date:	11/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is a licensed Chiropractor, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the available medical records, this is a 54 year old female with chronic hip and low back pain, date of injury is 10/20/2011. Previous treatments include medications, chiropractic, physical therapy, and home exercise program. Progress report dated 09/11/2014 by the treating doctor revealed patient reports slight improvement of left hip and low back pain with chiropractic care, she has completed 5/6 visits. Objective findings include positive Patrick's test bilaterally, limited right hip internal rotation, pain with left hip internal rotation. Diagnoses include early osteoarthritis of right hip, lumbar strain, right hip pain and right hip strain. The patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 Chiropractic visits Low Back and Left Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The claimant present with chronic pain in the low back and new compensatory pain in the left hip. Reviewed of the available medical records showed the patient

has completed 5 chiropractic treatments with slight improvement of left hip and low back pain. However, there is no evidence of objective functional improvement, the claimant objective findings is the same on 09/11/2014 compare to report dated 08/21/2014 before she started chiropractic treatments. Based on the guideline cited, the request for additional 6 chiropractic treatments for the low back and left hip is not medically necessary.