

Case Number:	CM15-0010069		
Date Assigned:	01/28/2015	Date of Injury:	06/21/2013
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 6/21/2013. On 1/22/15, the injured worker submitted an application for IMR for review of Chiropractic treatment 2xwk x4wk for lumbar spine, and general orthopedic consultation for the right hip. The treating provider has reported the injured worker complained of persistent back pain which continues to be severe at times. The diagnoses have included lumbar sprain and strain. Treatment to date has included medial branch blocks for bilateral L5-S1 on 8/14/14 with 3 days relief, lumbar rhizotomy 10/24/14, physical therapy and home exercise program, chiropractic therapy, acupuncture, MRI lumbar spine (8/2/13). On 12/24/14 Utilization Review non-certified Chiropractic treatment 2xwk x4wk for lumbar spine. The MTUS Chronic Pain Medical Treatment Guidelines were cited for this request. The general orthopedic consultation for the right hip was not certified using the ACOEM Practice Guidelines and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2xWk x 4 Wks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant had undergone over 16 sessions of chiropractic therapy for the low back since 2013. Additional 12 sessions would exceed the amount recommended by the guidelines. The additional chiropractor therapy is not necessary.

General orthopedic consultation for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic) and on the Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Hip pain and surgery

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. A surgical consultation is should be considered is surgery is considered for the hip. In this case, there was no indication for hip surgery. The diagnosis was no uncertain or complex. In addition, the ODG guidelines indicate surgical consultation for surgical indications such as arthroplasty, etc. the request for orthopedic surgery consultation is not medically necessary.