

Case Number:	CM15-0012372		
Date Assigned:	01/29/2015	Date of Injury:	11/20/2012
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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, Minnesota
 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:

This 74 year old male sustained an industrial injury on 11/20/12, with subsequent ongoing right foot and nose pain. The injured worker was diagnosed with a nasal bone fracture. In a PR-2 dated 12/12/14, the injured worker complained of pain to the low back, right knee and right foot as well as stress and difficulty sleeping. Current diagnosis was neuropathy Baxter nerve, right foot. Physical exam was remarkable for positive Kemp's test, positive straight leg raise, decreased range of motion to the lumbar spine and positive Apley's test. The treatment plan included continuing chiropractic care (site not specified) twice a week for six weeks. Documentation did not disclose the amount of previous chiropractic therapy or the injured worker's response to previous chiropractic therapy. On 1/12/15, Utilization Review noncertified a request for continued chiropractic two times a week for six weeks (12 visits) noting lack of documentation of functional improvement from previous chiropractic therapy and 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:

Continued chiropractic two times a week for six weeks (12 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested continued chiropractic care 2 times per week for 6 weeks. The request is not according to the above guidelines and is therefore not medically necessary. Also when asking for additional chiropractic care the doctor must document objective functional improvement in order to receive more care.