

Case Number:	CM15-0014271		
Date Assigned:	02/02/2015	Date of Injury:	04/01/2014
Decision Date:	03/27/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/26/2015

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: Virginia
 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:

The injured worker is a 52-year-old female who reported an injury on 04/01/2014 due to an unspecified mechanism of injury. On 02/19/2014, she presented for a followup evaluation regarding her work related injury. It was noted that she was requesting additional chiropractic therapy because she believed it had improved her symptoms somewhat. She complained of pain radiating into the upper buttocks, and wrapping around to the hips and groin, and down the left posterior thigh with tingling into the feet. She rated her pain at a 5/10 to 6/10 with medication and a 7/10 to 8/10 without medications. Her medications included Percocet 10/325 mg. A physical examination showed she had a normal gait and normal heel-toe-swing-through gait with no evidence of a limp or weakness. There was no palpable tenderness of the paravertebral muscles bilaterally and no evidence of tenderness of the sacroiliac joints, sciatic notches, or flanks, or coccyx. Reflexes were at 2+, strength was a 5/5 throughout, and sensation was intact. There was tenderness to palpation noted over the left hip abductor. She was diagnosed with left leg radiculopathy, grade lytic spondylolisthesis, severe foraminal stenosis, and left abductor tendinitis. The treatment plan was for chiropractic therapy 2 times a week for 3 weeks. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for the low back as a trial with 6 sessions. With evidence of an improvement in function, a total of 18 sessions may be recommended. The documentation provided indicates that the injured worker was symptomatic regarding the low back and lower extremity. However, there is a lack of documentation regarding how many sessions of chiropractic therapy the injured worker had previously attended. Without this information additional sessions would not be supported. Also, no documentation was provided regarding efficacy of the sessions showing a quantitative decrease in pain or an objective improvement in function. Furthermore, the request did not state which body part chiropractic therapy was being requested for. Therefore, the request is not supported. As such, the request is not medically necessary.