

Case Number:	CM15-0113579		
Date Assigned:	06/19/2015	Date of Injury:	12/30/2014
Decision Date:	07/20/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 48 year old male, who sustained an industrial injury on 12/30/2014. He reported injury to his low back and left hip. The injured worker was diagnosed as having left hip full thickness, partial width tearing of the left iliotibial band and labral tear (magnetic resonance imaging) and lumbar sprain/strain. Treatment to date has included diagnostics, medications, six sessions of physical therapy with temporary relief, three sessions of chiropractic with "great" results, and six sessions of acupuncture. Currently (5/04/2015), the injured worker complains of low back pain, rated 4-5/10, with tingling, burning, and weakness, and pain traveled to his left knee. He reported intermittent left hip pain, rated 4/10, along with burning, tingling, and weakness, and pain traveled to his left knee and groin area. He shared feelings of anxiety and insomnia due to the injury and pain. He reported difficulty with activities of daily living. He was currently taking Lisinopril. Physical exam noted tightness and spasm of the left paraspinal musculature. Range of motion was decreased in the left hip. He was prescribed Valium and Prilosec. His work status was total temporary disability. The treatment plan included chiropractic for the left hip and lumbar spine (3x4). The dates/specific results of the previous chiropractic sessions were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times per week for 4 weeks for the lumbar and left hip: 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 6/2/15 UR determination denied the request for additional Chiropractic care, 12 sessions to the lumbar spine and left hip citing CAMTUS Chronic Treatment Guidelines. The 5/4/15 medical report addressed the patient's clinical response to medical management, Acupuncture care and Chiropractic care reporting benefit but failed to supply objective clinical evidence of functional improvement as required by the CAMTUS Chronic Treatment Guidelines. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The reviewed medical records do not support the medical necessity for additional Chiropractic care, 12 sessions to the lumbar spine and left hip or comply with the prerequisites for additional care be CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.