

Case Number:	CM15-0128868		
Date Assigned:	07/15/2015	Date of Injury:	04/16/2011
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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:

The injured worker is a 59-year-old female who sustained an industrial injury on April 16, 2011 resulting in right ankle and foot pain, and subsequently, compensatory low back and left hip pain. She is diagnosed with pain in ankle joint and foot; reflex sympathetic dystrophy of lower limb; crushing injury of the foot; nerve entrapment; and, plantar fasciitis. Treatment has included participation in a functional rehabilitation program; physical therapy which she reported as helping with symptoms; acupuncture providing temporary pain relief; a TENS unit trial; and, oral and transdermal medications as needed which she has says helps relieve pain. The injured worker continues to present with moderate to severe radiating left hip pain, and low back pain and tenderness with limited range of motion. The treating physician's plan of care includes 6 sessions of chiropractic treatment for the lumbar spine and left hip. She is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the lumbar spine and left hip, once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 chiropractic once a week for 6 weeks for the lumbar spine and left hip. The request for treatment (1x6) is not according to the above guidelines (3x2) and therefore the treatment is not medically necessary and appropriate.