

Case Number:	CM15-0173664		
Date Assigned:	09/15/2015	Date of Injury:	09/16/2014
Decision Date:	12/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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

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 34 year old male, who sustained an industrial injury on 09-16-2014. A review of the medical records indicates that the worker is undergoing treatment for sprain and strain of the lumbar spine, right hip and bilateral wrists. Subjective complaints (04-17-2015, 05-22-2015 and 08-11-2015) included moderate to severe low back, right hip and bilateral wrist pain. Objective findings (04-17-2015, 05-22-2015 and 08-11-2015) revealed severe palpable tenderness of the lumbar spine with decreased range of motion and positive Kemp's, straight leg raise, right Braggard's, right Bowstring, Ely's, Milgram's and Valsalva tests, moderate palpable tenderness with decreased range of motion of the bilateral wrists, decreased grip strength, positive Tinel's and Phalen's tests, mild palpable tenderness of the right hip with decreased range of motion and positive Patrick's sign. On 05-22-2015 the physician noted that the worker's response to acupuncture had been satisfactory and that additional sessions were being requested. Treatment has included pain medication, 24 visits of acupuncture and chiropractic therapy. The physician noted during the 08-11-2015 visit that the worker had missed approximately 2 weeks of chiropractic treatments due to hospitalization and had experienced a flare-up of low back pain. The number of previous chiropractic visits received was not documented, there was no indication as to which body parts therapy had been applied and there was no evidence of objective functional improvement with previous therapy. The physician noted that authorization was requested for a return to Chiropractic care, physiotherapy and therapeutic exercises. A utilization review dated 08-26-2015 non-certified a request for chiropractic therapy-physiotherapy, 1 x 4 for the lumbar spine, right hip and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy/physiotherapy, 1 x 4 for the lumbar spine, right hip, and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 4 additional chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The amount of chiropractic treatment rendered this claimant prior to this request was not available. Moreover, it appears that the claimant has undergone a course of chiropractic treatment with no evidence of lasting functional improvement. The most recent report indicates that the claimant "missed approximately 2 weeks of chiropractic treatments and experienced a flare-up of his lumbar condition." This indicates that the claimant had been treated with chiropractic treatment prior to this request. Given the absence of lasting functional improvement as a result of the chiropractic treatment rendered prior to this request, the medical necessity for the requested 4 additional chiropractic treatments was not established.