

Case Number:	CM15-0096161		
Date Assigned:	05/26/2015	Date of Injury:	03/28/2014
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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 43-year-old female, who sustained an industrial injury on 3/28/2014. Diagnoses include chronic lumbar sprain/strain, lumbar disc bulge, chronic sacroiliac sprain/strain, sacroiliac radiculitis right lower extremity and right hip tendinosis. Treatment to date has included medications including Codeine, physical therapy, and modified work. Per the Primary Treating Physician's Progress Report dated 4/29/2015, the injured worker reported frequent to constant right sacroiliac joint pain, right buttock pain, right sciatic notch pain, and right lateral iliac and hip pain. Physical examination of the lumbar spine revealed decreased ranges of motion upon extension, right lateral flexion with pain. Supine straight leg raise test on the right elicited moderate right sacroiliac, iliac, buttock and inguinal region pain at 20/90 degrees. The plan of care included, and authorization was requested for chiropractic care (3x4) for the lumbar, sacral and iliac region. Six visits of chiropractic were approved on 5/7/2015. Eight additional sessions of chiropractic were approved on 6/2/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 3 times a week for 4 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): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. The claimant has recently had 14 chiropractic treatments authorized. A request of 12 further sessions would put the claimant over the 24 visit maximum. Also the claimant has not demonstrated any functional improvement as a result of chiropractic treatment. Therefore, 12 further chiropractic visits are not medically necessary.