

Case Number:	CM14-0148794		
Date Assigned:	09/18/2014	Date of Injury:	11/19/2005
Decision Date:	10/20/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old female who injured her left hip, thigh and lower back on 11/19/2005 while working as a stage hand. The mechanism of injury consists of a being hit by a speaker. Per the Primary Treating Physician's progress report the following: "She states that the pain in the low back is intermittent. She has quite a bit of pain inside of her groin on the left side, which is quite painful with activity as well as quite a bit of pain along the left hip." The patient has been treated with medications, home exercise program, physical therapy, acupuncture and chiropractic care. The diagnoses assigned by the primary treating physician are "chronic low back pain, left hip pain, groin pain and nerve pain from the back radiating to the leg." Diagnostic studies are not found in the records provided. The PTP is requesting an unspecified number of additional chiropractic sessions to an unspecified body part(s).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments (amount and frequency not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (July 2012): Manipulation Therapy; Back and Cervical Spine Sections, Official Disability Guidelines (ODG): Manipulation therapy; Back and Cervical Spine Sections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section, Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1.

Decision rationale: There are 4 dates of injury for which records have been provided for review. The request for IMR form lists the date of injury 11/19/2005 as the date of injury of concern. The patient has injured her left hip, thigh and lower back on this date of injury. The numbers of chiropractic sessions have not been listed on the IMR request. The body part to which treatment is being requested has not been identified. Since the injury date 11/19/2005 lists injury to the lower back and hip, it is assumed that this is the requested body part in question. The patient has received prior chiropractic care per the records provided. The MTUS ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." MTUS-Definitions page 1 defines functional improvement as 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 billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." Objective functional improvements with past chiropractic treatments rendered are not listed in the records. The chiropractic care records are not present in the records provided. I find that the unspecified number of chiropractic sessions requested to the unspecified region(s) to not be medically necessary and appropriate.