

Case Number:	CM13-0024289		
Date Assigned:	11/20/2013	Date of Injury:	05/28/2013
Decision Date:	01/28/2014	UR Denial Date:	09/02/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in Texas. 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 physician 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 male who reported a work related injury on 05/28/2013, specific mechanism of injury not stated. The clinical note dated 09/25/2013 reports the patient presents for treatment of chronic pain of the neck, back, left shoulder, left knee, and left foot. The clinical notes are handwritten and document that since initial visit of chiropractic treatment on 08/14/2013, the patient had attended 3 of 4 authorized sessions. The provider documented with chiropractic treatment and acupuncture treatment the patient reports his cervical spine condition is a "little better." The provider documents increased tolerance for ADLs, the patient continues with a home exercise program. The provider documented upon physical exam of the patient, tenderness at the sacroiliac joint was noted. The provider documented the patient had bilateral positive straight leg raising.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of chiropractic care for the cervical/lumbar spine, left shoulder, left knee and left foot between 8/29/2013 and 10/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to provide evidence to support 8 sessions of chiropractic care for the employee's cervical, lumbar spine, left shoulder, left knee, and left foot between 08/29/2013 and 10/13/2013. The clinical notes lacked evidence of chiropractic progress notes evidencing efficacy for the employee's continuation of chiropractic treatment. As the MTUS guidelines indicate, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. However, chiropractic treatment is not recommended for the foot or the knee. Given the lack of evidence of objective functional improvement throughout the employee's course of treatment as well as lack of guideline support for chiropractic treatment for both the knee and the foot, the request for 8 sessions of chiropractic care for the cervical/lumbar spine, left shoulder, left knee and left foot between 8/29/2013 and 10/13/2013 is not medically necessary nor appropriate.