

Case Number:	CM13-0038145		
Date Assigned:	12/18/2013	Date of Injury:	06/13/2013
Decision Date:	04/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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, has a subspecialty in Chiropractic Sports Medicine, 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 injured worker is a 41 year old female who reported a right knee and ankle injury which affected her low back as well. The injury occurred on 06/13/2013 while descending stairs at work. Her right knee buckled and her right foot everted injuring both areas. The fall descending the stairs exacerbated the low back, which was injured previously in 1999. In 1999 she suffered a motor vehicle accident while working her present job as a [REDACTED] officer. According to the MRI there is no internal derangement of the right knee and right ankle. On 8/1/2013 an MRI of the lumbar spine without contrast revealed: 1) dextroscoliosis is mild near L4-L5, retrolisthesis trace at L5-S1, disc degeneration is mild at L5-S1; 2) L2-L3 moderate disc protrusion to the left, mild left lateral recess stenosis near left L3 nerve root; 3) no frank disc extrusion, central canal stenosis, or foraminal stenosis through out study. On 10/03/2013 an NCV/EMG study revealed a mild left S1 radiculopathy. The diagnoses are: Disc syndrome, Left S1 radiculopathy, Right knee and ankle sprain/strain. There have been 23 chiropractic manipulative visits over a 7 week period. The therapy has consisted of; medication, chiropractic manipulation, and lumbar decompression. Both the medical doctor and the chiropractor are requesting an additional 12 chiropractic visits from 9/62013 to 11/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF CHIROPRACTIC TREATMENTS FOR LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Manipulation Page(s): s 58-59.

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if used for musculoskeletal conditions. The intended goal or effect of chiropractic manipulation is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. 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 employee has had 23 chiropractic visits in approximately 7 weeks with no documented objective functional improvement. The employee is still TTD (temporarily totally disabled). Therefore the additional 12 chiropractic visits are denied.