MAXIMUS Federal Services

| Case Number: | CM13-0043847 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 06/05/2004 |
| Decision Date: | 02/27/2014 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

## 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 Physical Medidcine and Rehabilitation, 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 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 was a 67-year-old male with low back, right shoulder and right knee pain resulting from an unknown injury on 06/05/2004. The patient was treated with medications, physical therapy, ESIs (Epidural Steroid Injections), and facet blocks for his low back pain. It was noted the patient had significant relief resulting from the facet block. He was treated with Supartz injections for his knee pain with no significant improvement as noted on 03/19/2013. Upon examination on 09/10/2013, the patient was documented as having good outcome from his Supartz injections administered in December 2012. This is an inconsistency in clinical documentation. The patient was noted to have a lumbar spine sprain/strain with 4mm broad-based disc bulge, L4-5 with narrowing and dessication ; 3mm diffuse disc bulge, L5-S1, with severe disc space narrowing; 2-3 mm disc bulges, L1-2, L2-3 and L3-4 .

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, once per week for four weeks, to the lumbar and/or sacral vertebrae:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of chiropractic care in patients with chronic pain if it caused by musculoskeletal conditions. The patient was seen on 09/10/2013 with some mild pain to his low back. He stated he still had significant relief from facet injections. The documentation submitted for review did not have significant findings of pain. The a pain the patient previously had was documented as being treated with facet injections effectively which are effective in treating facet mediated pain not musculoskeletal pain. As the patient did not have documented musculoskeletal pain the treatment is not recommended. The request for chiropractic treatment, once per week for four weeks, to the lumbar and/or sacral vertebrae, is not medically necessary or appropriate.

**Supartz injection, series of 5, to the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic Acid Injections Section

**Decision rationale:** The patient was noted as having an injection to his knee in December 2012. The patient was seen 09/10/2013 which noted that he had slowly recurring right knee pain with stiffness on long walks and in the morning. The Official Disability Guidelines recommend the use of repeat hyaluronic acid injections for patients with symptoms that recur. However, the documentation submitted for review dated 03/19/2013 noted the patient had no significant improvement after his series of Supartz injections in December 2012. The guidelines recommend repeat series of injections for patients with a good outcome from previous injections. The request for Supartz injection, series of 5, to the right knee, is not medically necessary or appropriate.