

Case Number:	CM13-0067258		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2012
Decision Date:	05/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/17/2013

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 licensed in Chiropractic Services 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 53 year old female who was injured on 04/25/2012. The patient fell down stairs bouncing on buttocks. The patient's medications as of 10/28/2013 include: Advil 250 mg Flurbiprofen cream 20% cream, 30 gms Ibuprofen 800 mg Tramadol 50 mg Office note dated 12/30/2013 states the patient is having persistent left knee pain problems, which is aggravated with standing and walking. She has persistent bilateral wrists hand pain with tingling and numbness in the bilateral hands. On exam, there is tenderness noted in the left knee joint line, worse medially. Office note dated 10/28/2013 states the patient has symptoms developing in the hands, low back, left knee, left lower extremity, occygeal region and thoracic region. The impressions were consistent with lumbar mechanical pain, thoracic discogenic more than facetal pain without obvious costovertebral component though there could be a thoracic radicular component, coccydynia, reported hand symptoms, possible left hip capsulitis versus sacroiliac syndrome and chronic condition. Office note dated 09/23/2013 states the patient returns having last been seen 08/23/2013, at which time a knee surgical consultation was requested with [REDACTED]; That has still not taken place. Apparently, she is not on the MPN list. On examination of the lumbar spine, she has an antalgic gait on the left side and there is gross swelling without obvious effusion in the left knee. There is no heat or streaking. The lumbar condition on evaluation shows greatest pain with lumbar flexion more so than extension. Her gait is kyphotic and antalgic on the left. The lower extremities are grossly normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE FOR THE LOW BACK TWICE A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM, 2nd Edition, (2004 OMPG, Pain Suffering And The Restoration of Function, Chapter 6, page 114.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM, 2nd Edition, (2004 OMPG, Pain Suffering And The Restoration of Function, Chapter 6, page 114.

Decision rationale: The ACOEM guidelines as referenced above, recommends treatment for spinal injury given certain criteria are met, i.e. Multidisciplinary assessment of the patient, The establishment of a time limited treatment plan with clear functional goals, Frequent assessment of the patient's progress towards meeting those goals and modification of the treatment plan as appropriate based on the patient's progress. The treating physician's (report dated 9/23/2013) medical records do not document objective measurements/tests supporting a diagnosis of Lumbar Sprain, 847.2 nor is there a clear plan with specific goals outlined for treating said Lumbar Sprain. Further, the documents lack any measurable functional progress, if any; resulting from previous treatment, the request for Chiropractic treatment, two times per week for eight weeks is not authorized.