

Case Number:	CM14-0005048		
Date Assigned:	01/24/2014	Date of Injury:	10/27/2011
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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:

According to the available medical records, this is a 31 year old female patient with chronic low back pain and a date of injury of 10/27/2011. Previous treatments include medications, chiropractic, physical therapy, TENS, acupuncture, and injection. A progress report dated 12/18/2013 by the treating doctor revealed the patient complains of constant moderate dull, achy, sharp neck pain and stiffness, aggravated by looking up and down; constant moderate dull, achy, sharp low back pain, stiffness and weakness, aggravated by lifting 10 lbs, standing, walking, bending and squatting; intermittent moderate dull, achy, sharp left knee pain, stiffness and weakness, associated with standing, walking, bending, kneeling and squatting; intermittent moderate dull, achy left foot pain, associated with standing and walking; and loss of sleep due to pain. Cervical spine range of motion (ROM) is decreased and painful, +3 tenderness to palpation of the cervical paravertebral muscles, muscle spasm of the cervical paravertebral muscles, cervical compression is positive, shoulder depression is positive bilaterally. Lumbar spine ROM are decreased and painful; there is trigger points of paraspinals at the lumbar spine; +3 tenderness to palpation of the lumbar paravertebral muscles, muscle spasms of the lumbar paravertebral muscles, Kemp's cause pain bilaterally, sitting SLR is positive on the left. Left knee swelling, ROM are painful, +3 tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee, McMurray's is positive. The patient remained temporarily totally disabled until 02/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR TWO TIMES A WEEK TIMES FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY AND MANIPULATION, 58-59

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 58-59

Decision rationale: According to the medical records provided for review, this patient's injury is more than 2 years and she has had a number of treatments, including chiropractic, with no documentation of objective functional improvement. The MTUS Chronic Pain Guidelines require evidence of objective functional improvement from an initial chiropractic trial among the necessary criteria for additional chiropractic services. The patient is still totally disabled due to pain and injury, and the medical records provided for review do not offer documentation of objective functional improvement. As such, the request for additional chiropractic 2x4 is not medically necessary and appropriate.