

Case Number:	CM14-0009656		
Date Assigned:	02/14/2014	Date of Injury:	10/20/2000
Decision Date:	06/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 licensed 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:

The patient is a 78 year old male who was injured on 10/20/2000. The mechanism of injury is unknown. PR2 dated 12/20/2013 states the patient reports that he is doing better with his knee but his back is not doing so well. He is has having flares as the weather has turned cold. On exam, he has moderate stiffness and spasm, and it is felt that treatment with some adjustments would be prudent. The patient is diagnosed with status post viscosupplementation in both knees; bilateral knee arthritis; and lumbar spinal stenosis with facet syndrome. The treatment and plan is Toradol 10 mg twice day. Prior UR dated 01/17/2014 states the request for 16 chiropractic therapy treatments to the lumbar spine 2 times a week for 8 weeks as an outpatient is not certified as the patient did not gain any benefit from this therapy and there is a lack of objective findings to support any deficits the patient may have to justify this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIXTEEN (16) CHIROPRACTIC THERAPY TO THE LUMBAR SPINE, TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Low back: Recommended as an option Therapeutic care- Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week. Elective/maintenance care- Not medically necessary. Recurrence/flare-ups- Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. A review of this patient's records lack the necessary documentations specifying what if any function loss has occurred resulting from his injury of 10/20/2000 nor does the record state goals outlining what benefits in increased functional capacities will occur for this patient with continued/additional Chiropractic treatment. Additionally, this patient's injury date is 10/20/2000, placing this patient far beyond the MTUS guidelines for lower back care, as outlined above. Decision for 16 Chiropractic treatments to the lumbar spine, two (2) times per week for eight (8) weeks as an outpatient is not medically necessary.  