MAXIMUS Federal Services

Case Number:	CM14-0101650		
Date Assigned:	09/24/2014	Date of Injury:	10/01/2013
Decision Date:	10/24/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family 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:

This is a 44-year-old female patient who reported an industrial injury who reported an industrial injury on 10/1/2013, one (1) year ago, attributed to the performance of her regular and customary job tasks reported as a slip and fall on a stair lanedin face down with pain to the left leg and left knee. The patient also complains of continuous trauma to the upper back, low back, bilateral shoulders, left leg, and left knee due to repetitive use of her hands to wrap and pack meet. The left knee contusion and low back sprain/strain claims have been accepted by the employer. The patient was previously noted to received six sessions of chiropractic CMT/physiotherapy with no demonstrated functional improvement. X-rays of the lumbar spine left knee were normal. MRI of the lumbar spine documented evidence of desiccation of L3-L4 and L4-L5; to millimeter disc protrusion at L3-L4 as well as L4-L5; motor changes to the and plates of L3 to L5. The MRI of the left knee demonstrated myxoid changes in the posterior horn of the medial meniscus with chondromalacia patella noted. The patient is diagnoses with a lumbar spine sprain/strain and a left knee contusion/strain. The treatment plan included an additional 12 sessions of chiropractic care/physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment supervised physiotherapy and myofascial release lumbar spine QTY:12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299; 153-54,Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter--Manipulation

Decision rationale: The patient is noted to be 12 months s/p DOI with a complaint of continued low back pain and left knee pain that was originally attributed to the cited mechanism of injury reported on the DOI. The objective findings documented by the requesting provider do not support the medical necessity for additional chiropractic care sessions/physiotherapy/myofascial release for chronic pain for the treatment of knee pain and back pain with the diagnosis of back sprain/strain and left knee contusion. The patient is noted to have back pain and knee pain subsequent to the provided chiropractic care with no demonstrated functional improvement for the prior sessions of chiropractic care provided to this patient. The patient is reported to have short-term reduction in pain to the back with the previously provided chiropractic care; however, there was no sustained functional improvement. There are no MTUS recommendations for chiropractic care for the left knee. The ACOEM Guidelines recommend no chiropractic care/CMT in the presence of a nerve impingement radiculopathy and do not recommend chiropractic care for chronic back pain. Chiropractic care is recommended for acute low back pain but not chronic back pain. The patient is noted to have only TTP upon examination with some diminished Range of Motion; and full strength. There are no recommendations for chiropractic care for chronic low back pain with the diagnosis of sprain/strain. The patient was provided prior sessions of chiropractic care with no demonstrated sustained functional improvement. There are no recommendations for maintenance chiropractic care. The request for additional chiropractic care exceeds the recommendations of the California MTUS. The treatment of the patient with chiropractic care/CMT is not supported with objective evidence for the cited objective findings on examination. The treating diagnoses do not support the medical necessity of additional chiropractic care as opposed to integration into a self-directed home exercise program. The CA MTUS recommends chiropractic care for acute back pain.The ACOEM Guidelines do not recommend chiropractic care for chronic low back pain. The CA MTUS does not recommend more than 18 sessions of chiropractic care to the lumbar spine for severe acute injuries. The recommendation for moderate strains to the lower back is up to nine (9) sessions of chiropractic care. The patient does not meet the criteria recommended for continued chiropractic care to the lumbar spine. The request for chiropractic care for the chronic back pain is not supported with objective evidence to support medical necessity and is not demonstrated to be effects of the industrial injury. The requested treatment is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the medical necessity of chiropractic care as opposed to the recommended home exercise program.The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and subacute lower back and upper back/neck pain. The patient has chronic lower back pain and the CA MTUS and the ACOEM Guidelines do not recommend maintenance care or periodic treatment plans for flare up care. The ACOEM Guidelines do not recommend the use of chiropractic manipulation for the treatment of chronic lower back/neck pain or for radiculopathies due to nerve root impingement. The ACOEM Guidelines recommend chiropractic manipulation for the treatment of acute/subacute lower back pain but not for chronic back pain, as there is no supporting evidence of the efficacy of chiropractic treatment for chronic lower back pain. The updated ACOEM Guidelines (revised 4/07/08) for the lower back do not recommend chiropractic manipulation for chronic lower back pain or for radiculopathy pain syndromes. Chiropractic intervention is recommended by the ACOEM Guidelines during the

first few weeks of acute lower back pain but not for chronic pain. The patient should be participating in a self-directed home exercise program for the treatment of her chronic lower back pain. The requested treatment is being directed to chronic back pain, which is inconsistent with the recommendations of the revised ACOEM Guidelines for the treatment of the lower back. There is no documented objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is no demonstrated medical necessity for the requested 12 additional sessions of chiropractic care/CMT with physiotherapy and myofascial release massage therapy.