

Case Number:	CM14-0104028		
Date Assigned:	07/30/2014	Date of Injury:	12/23/2010
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 27-year-old female who was reportedly injured on December 23, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 11, 2014, indicated that there were ongoing complaints of low back pain, right knee pain and right ankle pain. The physical examination demonstrated tenderness over the right subtalar joint and mild swelling of the right ankle. There were a mild right knee joint effusion and tenderness over the medial joint line. The right knee was stable without ligamentous laxity and range of motion was from 0 to 100. There was decreased sensation at the left L4 through S1 dermatomes. Continued use of opioid medications was recommended. Diagnostic imaging of the lumbar spine dated May 1, 2014, was normal without any disc disease or stenosis. Previous treatment included a right foot injection, orthotics and oral medications. A request was made for chiropractic sessions for the low back and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

Decision rationale: According to the medical record, the primary care provider did not indicate that a lumbar spine examination has been performed. Additionally, a magnetic resonance image of the lumbar spine was normal. Considering this, it is unclear why there is a necessity for chiropractic care of the lumbar spine. Without additional justification, this request for chiropractic sessions for the low back is not medically necessary.