

Case Number:	CM14-0139248		
Date Assigned:	09/05/2014	Date of Injury:	07/22/2009
Decision Date:	10/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/28/2014

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 New Jersey. 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 worker is a 51 year old male who was injured on 7/22/2009. He was diagnosed with cervical strain/sprain, lumbar sprain/strain, thoracic degenerative spondylosis, bilateral knee strain, right ankle fracture, and a complicated left ankle fracture. He was treated with surgery (left ankle, left knee-arthroscopy), acupuncture, chiropractic sessions (at least 53 sessions over past few years), steroid injections, bracing, physical therapy, and medications, but still experienced chronic pain. He was later diagnosed with anxiety, depression, and insomnia related to his chronic pain. On 8/5/14, the worker was seen by his primary treating physician complaining of his ongoing pain in his knees, neck, and lumbar spine causing poor sleep, depression, and anxiety. He reported not working at the time. Physical examination revealed tenderness and decreased range of motion of bilateral knees, tenderness, decreased range of motion, and muscle spasm of the lumbar and cervical spine areas. He was then recommended 12 acupuncture visits and 12 chiropractor treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY: CHIRO TREATMENT 2X6 FOR THE NECK AND LUMBAR SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHIROPRACTIC MANIPULATION/MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation section Page(s): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, he had completed an extensive number of chiropractor treatments for his chronic back and neck pain in the prior few years. The maximum number of allowed sessions at this point for the worker would be 1-2 treatments every 4-6 months and only if it is helping him to stay working. The worker is not working, and therefore, the 12 sessions of chiropractor treatments are not medically necessary.