

Case Number:	CM14-0154311		
Date Assigned:	09/23/2014	Date of Injury:	07/09/2003
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 42-year-old male born on [REDACTED]. The reported date of injury is 07/09/2003, but no history of mechanism of injury was provided for this review. The patient has been treating with chiropractic care since prior to 05/01/2013, yet the earliest dated chiropractic record provided for this review is the encounter note of 02/12/2014. The chiropractor's PR-2 of 04/23/2014 reports the patient had recently experienced a flareup in lower back and right leg for which he sought care at the ER in [REDACTED]. By physical examination lumbar flexion was reported 58, extension 12, right lateral flexion 18, left lateral flexion 18, + right SLR, +3T, and + right heel walk. Diagnoses were reported as lumbar surgery 06/10/2011, right knee surgery 10/15/2010, diabetes, thoracic sprain/strain, right knee bony fragment: internal derangement/knee pain, sleep disorder and depressive disorder. The chiropractor recommended PT/physical therapy 1-2 times per week for 6 weeks. Work status was not reported. The chiropractor's PR-2 of 07/16/2014 reports the patient had recently experienced a flareup in lower back and right leg for which he sought care at the ER in [REDACTED]. By physical examination lumbar flexion was reported 65, extension 12, right lateral flexion 18, left lateral flexion 20, + right SLR, +3T, and + right heel walk. Diagnoses were reported as lumbar surgery 06/10/2011, right knee surgery 10/15/2010, diabetes, thoracic sprain/strain, right knee bony fragment: internal derangement/knee pain, sleep disorder and depressive disorder. The chiropractor recommended PT/physical therapy 2-3 times per month. Work status was not reported. The chiropractor's PR-2 of 09/03/2014 reports the patient had recently experienced a flareup in lower back and right leg for which he sought care at the ER in [REDACTED]. By physical examination lumbar flexion was reported 65, extension 12, right lateral flexion 18, left lateral flexion 20, + right SLR, +3T, and + right heel walk. Diagnoses were reported as lumbar surgery 06/10/2011, right knee surgery 10/15/2010, diabetes, thoracic sprain/strain, right knee bony fragment: internal

derangement/knee pain, sleep disorder and depressive disorder. The chiropractor recommended PT/physical therapy 1-2 times per month. Work status was not reported. Checklist style chart notes indicate the chiropractor treated the patient with various physiotherapeutic modalities on 13 occasions from 02/12/2014 through 08/15/2014. The chart notes do not report history updates, measured objectives, functional deficits or measured treatment goals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve chiropractic treatments: 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 Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The request for 12 chiropractic treatment sessions is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) supports a trial of up to 6 visits over 2 weeks of manual therapy and manipulation in the treatment of chronic low back pain if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. The patient has been treating with chiropractic care since prior to 05/01/2013, and chart notes indicate the chiropractor treated the patient with various physiotherapeutic modalities on 13 occasions from 02/12/2014 through 08/15/2014. The chart notes do not report history updates, measured objectives, functional deficits or measured treatment goals. The submitted documentation does not provide evidence of objective functional improvement with chiropractic care rendered, evidence of acute exacerbation, or evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for 12 chiropractic treatment sessions exceeds MTUS recommendations and is not supported to be medically necessary.