

Case Number:	CM14-0155982		
Date Assigned:	09/25/2014	Date of Injury:	02/02/2013
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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 claimant is a 54-year-old male who was involved in a work injury on 2/2/2013. The mechanism of injury and entire post injury treatment history was not available for review. On 4/29/2014 the claimant underwent ultrasound-guided trigger point injection to the right lumbar paraspinal musculature with [REDACTED], physical medicine and rehabilitation specialist and pain medicine specialist. [REDACTED] reevaluated the claimant on 5/27/2014. This report indicates that the claimant was "doing HEP 1-2X/week" and chiropractic treatment. The claimant was diagnosed with myofascial pain syndrome, lumbar strain, and lumbosacral radiculopathy. The claimant was reevaluated on 6/17/2014 and 7/29/2014 for ongoing knee and back complaints. On 9/2/2014 [REDACTED] evaluated claimant. It was noted that the claimant continues to note lower back pain and that the lumbar epidural injection was authorized. The claimant was to be scheduled for the lumbar epidural injection. There was also a request for additional chiropractic treatment at 2 times per week for 4 weeks. This request was denied by peer review. The rationale was that "the patient recently completed a course of 8 sessions of chiropractic with results not provided."

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two (2) times a week for four (4) weeks: Upheld

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

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

Decision rationale: The medical necessity for the requested 8 additional treatments was not established. The MTUS Chronic Pain Medical Treatment Guidelines, page 58, give the following recommendations regarding manipulation: "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 6-8 weeks." The claimant has undergone a course of chiropractic treatment prior to this request. On 3/28/2014 the claimant was reevaluated by [REDACTED] for complaints of low back pain, decreased knee pain and recent knee surgery. The report indicates that the claimant "has shown increased functional improvement (ROM, ADL). Requesting chiropractic and physiotherapy one time per week for 6 weeks." The 5/27/2014 report indicated that the claimant has received chiropractic treatment. There was no quantification of improvement as a result of the additional chiropractic treatment per the 3/28/2014 PR-2. In order for additional treatment to be considered appropriate there must be documented functional improvement. Therefore, given the absence of any documentation regarding the claimant's response to the past chiropractic treatment history, the medical necessity for the requested 8 additional treatments was not established.