

Case Number:	CM14-0169461		
Date Assigned:	10/17/2014	Date of Injury:	12/08/2013
Decision Date:	12/02/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Chiropractic and Acupuncture 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 injured worker is a 63 year old female who reported low back, right knee and foot pain from injury sustained on 12/08/13 due to cumulative trauma of being a food preparer. There were no diagnostic imaging reports. Patient is diagnosed with low back pain; lumbar spine sprain/strain, rule out joint HNP; rule out lumbar radiculopathy; right knee sprain/strain, rule out internal joint derangement; right foot sprain strain, rule out internal derangement. Patient has been treated with medication. Per medical notes dated 07/02/14, patient complains of burning low back pain rated at 7/10, which is constant, moderate to severe with numbness and tingling of bilateral lower extremity. She complains of burning right knee pain rated at 7/10, constant, moderate to severe with numbness, tingling and pain radiating to the foot. Right foot pain is also rated at 7/10. Patient states that the symptoms persist but the medications do offer her temporary relief. Provider requested 3x6 Chiropractic visits for lumbar spine, right knee and foot pain. It is unclear if the patient has had prior chiropractic treatment or if the request is for initial trial of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, 3 x 6 to the lumbar spine, right knee, and foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

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

Decision rationale: Per MTUS- Chronic Pain Medical Treatment Guideline, Manual Therapy And Manipulation pages 58-59, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Knee: not recommended. Foot: Not recommended. 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. Elective / maintenance care, not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". Provider requested 3x6 Chiropractic visits for lumbar spine, right knee and foot pain. It is unclear if the patient has had prior chiropractic treatment or if the request is for initial trial of care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Requested visits exceed the quantity supported by cited guidelines. Furthermore Chiropractic is not recommended for knee or foot according to MTUS guidelines. Per review of evidence and guidelines, 3x6 Chiropractic visits for low back, knee and foot are not medically necessary.