

Case Number:	CM14-0170246		
Date Assigned:	10/20/2014	Date of Injury:	01/25/2002
Decision Date:	12/02/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/15/2014

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 52-year-old male who was involved in a work injury on 1/25/2002 in which he injured his lower back and shoulders. On 3/24/2010 the claimant underwent an agreed medical evaluation with [REDACTED], orthopedist. At the time of this evaluation the claimant complained of pain and stiffness in the shoulders, low back pain radiating into the right lower extremity, and "some right knee pain." The claimant was diagnosed with status post-operative probable metal resurfacing arthroplasty humeral head dated 10/15/2008, lumbar disc herniation, and right knee probable arthroscopic chondroplasty fracture divot in the hyaline articular cartilage weight-bearing surface lateral for moral condyle surgery on 1/5/2009, in addition to bilateral plantar fasciitis. With respect to future medical treatment it was noted that the claimant would continue with the need for medication, 2nd opinion consultation for potential surgery to his right shoulder and left shoulder, in addition to a transforaminal epidural steroid injection to the lumbar spine. There was also a recommendation for a repeat right sacroiliac joint injection. If this injection would reduce the claimant's "right low back and right leg pain by 60-70% or more, I would recommend that a fusion of the right sacroiliac joint be performed." [REDACTED] further opined that periodic treatment with [REDACTED] "has allowed [REDACTED] to return to work on numerous occasions." On 7/20/2011 the claimant underwent sacroiliac joint fusion. On 3/12/2012 the claimant underwent right shoulder joint replacement surgery. This was followed by course of postoperative therapy. The claimant has treated with [REDACTED] on a periodic basis for ongoing lower back complaints. On 10/6/2014 the claimant returned to the office of [REDACTED], for an evaluation for complaints of increase lower back pain at 9/10 on the visual analogue scale with radiating pain to the right leg. The claimant was reportedly "the worst it has been in a long time." The claimant was diagnosed with lumbar disc protrusion with radiculopathy, postsurgical fusion right SI joint, bilateral plantar fasciitis. The recommendation was for a course

of 6 chiropractic treatments. This was denied by peer review. The rationale was that "there is no documentation of symptomatic or functional improvement from previous chiropractic sessions."

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation QTY: 6.00: Overturned

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

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

Decision rationale: 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 requested 6 treatments are consistent with this guideline. The claimant presented to the provider's office complaining of a significant exacerbation of his chronic lower back complaints. Given the clinical findings on examination a course of 6 treatments can be considered appropriate. With respect to the previous denial, the rationale was that there was no evidence of functional improvement. The 10/20/2014 report from, [REDACTED], indicates that "his chiropractic manipulations help him with pain and keeping functional." There is clear evidence that the claimant has responded favorably to chiropractic treatment in the past. Therefore, consistent with MTUS guidelines, this request is medically necessary.