

Case Number:	CM14-0175599		
Date Assigned:	10/28/2014	Date of Injury:	04/22/2002
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

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 Board Certified in Occupational Medicine, 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:

This patient is a 59 y/o male who has developed chronic low back pain subsequent to an injury dated 4/22/02. He has been treated with multiple back surgeries including multilevel fusions, hardware removal and fusion re-do's. He is left with severe low back pain with neuropathic leg radiation. He is treated with multiple oral analgesics that include potent opioids. The only pain relief reported is from the analgesics. Both the primary treating physician and pain management specialist document increasing knee pain associated with joint line tenderness and instability of gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Consult for Right Knee.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 92.

Decision rationale: MTUS Guidelines support referrals when the presenting problem is beyond the expertise of the treating physician. It is reasonable that a chiropractor and pain management specialist would refer a worsening knee problem with joint tenderness to an orthopedist for further evaluation. The request for an orthopedic evaluation of the knee is medically necessary.

Chiropractic treatment 3 x 3 visits, CMT, Myofascial Release, Traction, EMS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: MTUS Guidelines do not support passive modalities for maintenance care unless there is clear evidence of functional support i.e. return to work. Even under these circumstances, 1-2 sessions every 4-6 months are recommended. The Guideline standards have not been met to support the request for passive modalities. The request for 3 weekly visits for CMT, Myofascial release, traction and EMS are not medically necessary.