

Case Number:	CM14-0180110		
Date Assigned:	11/04/2014	Date of Injury:	06/22/2007
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 is a patient with a date of injury of June 22, 2007. A utilization review determination dated September 29, 2014 recommends noncertification of chiropractic treatment. Noncertification is recommended due to lack of documentation of objective improvement after completion of the 8th chiropractic therapy session. An AME report dated February 13, 2014 identifies subjective complaints of constant pain affecting the low back and knee. The note indicates that the patient can walk without much difficulty for short distances. Physical examination findings reveal muscle guarding in the lumbar spine with good range of motion. Diagnoses include lumbar sprain/strain, left knee arthritis, left hip trochanteric bursitis, and limited eversion and inversion of the right hind foot. Medical recommendations include an MRI of the left hip and chiropractic modalities. 24 chiropractic visits are recommended. A progress report dated June 27, 2014 indicates that the patient has undergone 9 visits of chiropractic therapy. Her pain is the same. The patient is using more Tylenol #3 now because her other medications were denied. She is currently working on a home exercise program regularly. Her pain affects the low back, left hip, bilateral knees, ankles, and feet. Physical examination findings reveal normal strength and sensation in the lower extremities with tenderness over the sacroiliac joints, left hip, and lumbar paraspinal muscles. Diagnoses include knee pain, hip pain, ankle and foot pain, muscle pain, chronic pain syndrome, low back pain, and sacroiliac joint pain. The treatment plan recommends an orthopedic consult and states "chiropractic therapy has not really helped with her pain so we will not request any further treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for additional chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is documentation of completion of prior chiropractic sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.