

Case Number:	CM14-0021767		
Date Assigned:	02/24/2014	Date of Injury:	06/14/2011
Decision Date:	06/26/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/09/2014

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 Texas. 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 44-year-old male who reported an injury on 06/14/2011; the mechanism of injury was not provided within the medical records submitted for review. The clinical note dated 12/02/2013 noted the injured worker complained of lower back pain with pain rated at 6/10. The injured worker also complained of right knee pain rated 8/10, left knee pain rated 9/10, left ankle pain rated 6/10, increased pain with weightbearing, and low back pain increased with prolonged sitting and standing. The physical examination of the lumbar spine revealed a positive orthopedic test and restricted range of motion the lumbar spine and dysfunction. The diagnoses included status post OP left knee, right knee S/S, migraine, depression, and anxiety. The treatment plan included recommendations for a follow-up with a spine physician, an ortho consult for bilateral knees and ankles, a request for 8 visits for physical therapy for bilateral knees and ankles, and 6 visits of chiropractic therapy for the lower back pain. The Request for Authorization for 6 visits 1 x week of chiropractic therapy for low back pain was submitted on 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC TREATMENT (HAS HAD 12 SESSIONS) FOR LUMBAR SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for 6 chiropractic treatment (has had 12 sessions) for lumbar spine is non-certified. The California MTUS guidelines state that chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. Chiropractic Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of chiropractic therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. The clinical notes lacked evidence of measurable functional improvement with the prior sessions of chiropractic therapy. Therefore, the request for 6 chiropractic treatments (has had 12 sessions) for lumbar spine is non-certified.