MAXIMUS Federal Services

Case Number:	CM14-0027059		
Date Assigned:	06/13/2014	Date of Injury:	02/02/2013
Decision Date:	07/24/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 a licensed Chiropractor 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 47-year-old female who was injured in a slip and fall at work on 02/02/13, injuring her low back and right knee, right elbow and right hip. X-ray from the emergency room of the right knee were normal. X-ray at the medical doctors office of the right hip, lumbar spine, sacroiliac and right knee were normal. Treatment has consisted of physical therapy, medication and right knee surgery. The records do not indicate the amount of physical therapy and chiropractic treatment given to date. On 04/23/2013, an MRI of the right knee revealed a medial meniscus tear. On 08/22/2013, a right knee surgery was performed for a tear of the anterior horn of the lateral meniscus of the right knee. An MRI of the lumbar spine was taken on an unknown date with no results given. The diagnosis however states, L3-4 and L4-5 discogenic back pain with radicular symptoms bilaterally. The injured worker is also doing yoga, home stretching and psychological evaluation. The medical doctor is requesting chiropractic therapy twice a week for 6 weeks for the low back, 12 total visits

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy twice a week for six weeks, lower back quantity: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation (Chiropractic).

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

Decision rationale: Based on the medical records provided for review the treating physician has not shown objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition, the amount of chiropractic treatment requested 12 treatments does not follow the MTUS Chronic Pain Medical Treatment Guidelines listed above. Therefore, the request for chiropractic therapy twice a week for six weeks for the lower back is not medically necessary and appropriate.