

Case Number:	CM14-0032047		
Date Assigned:	06/20/2014	Date of Injury:	11/18/2013
Decision Date:	07/25/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/13/2014

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 Chiropractor and Acupuncture, 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 48-year-old female who reported an injury on 11/18/2013. The mechanism of injury was a slip and fall. The diagnoses included lumbar spine myoligamentous soft tissue injury, radicular symptoms down left lower extremity, and left knee sprain/strain. Previous treatments included medication. Within the clinical note dated 01/10/2014 it was reported the injured worker complained of sharp pain in her lumbar spine with pain and tingling down her left lower extremity to her foot. She rated her pain 7/10 in severity with medication and 9/10 in severity without medication. Upon the physical exam of her lumbar spine, the provider noted extension at 10/30 degrees, flexion at 30/90 degrees. The provider indicated Kemp's and Yeoman's test were positive on the left for increased pain in the lumbar spine. Reflexes and motor testing were normal in the lower extremities. Sensory testing revealed a decrease in sensation in the left L4, L5, and S1 dermatomal level. Upon examination of the left knee, the provider noted tenderness to palpation over the medial and lateral joint line of the left knee. He indicated the injured worker had a positive McMurray's test for pain, both of the medial and lateral aspect of the knee. The provider requested chiropractic treatment to decrease pain and increase functional ability. The request for authorization was provided and submitted on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic treatment for the lumbar spine and left knee times twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Manipulation,Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker complained of sharp pain in her lumbar spine associated with tingling down her left lower extremity to her foot. She rated her pain 9/10 without medication. The California MTUS guidelines recommend manual therapy for chronic pain, if caused by musculoskeletal condition. The intended goal or effect of manual 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 six visits over two weeks and with evidence of objective functional improvement, a total of up to 18 visits over six to eight weeks. The request submitted of 12 sessions exceeds the guideline recommendations of 6 to 8 visits over 2 weeks with evidence of objective functional improvement. Additionally, the MTUS guidelines do not recommend chiropractic therapy of the knee. Therefore, the request for chiropractic treatment of the lumbar spine and left knee, 12 sessions is non-certified.