

Case Number:	CM14-0177040		
Date Assigned:	10/30/2014	Date of Injury:	12/01/2009
Decision Date:	02/10/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Chiropractor (DC), has a subspecialty in Acupuncture 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 a 57 year old male who reported low back, bilateral knee and rib pain from injury sustained on 12/01/09 due to chemical exposure and cumulative trauma. MRI of the lumbar spine revealed multilevel degenerative disc disease from L3-S1 with grade 1 retrolisthesis of L5 on S1. Patient is diagnosed with lumbar radiculopathy and left knee internal derangement. Patient has been treated with medication, physical therapy, epidural injection and chiropractic. Per most recent medical notes dated 06/24/14, patient complains of neck pain radiating down bilateral arms, low back pain radiating to bilateral legs, as well as bilateral knee pain. Examination revealed tenderness to palpation of the paraspinal muscles of the cervical and lumbar spine. He states he has had minimal improvement despite medication, physical therapy and injections. Patient has had prior chiropractic sessions. Provider requested additional 6 chiropractic treatments for lumbar spine and bilateral knees which was non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 6 treatments (lumbar and bilateral knees): Upheld

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

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions for lumbar spine and bilateral knees. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.