

Case Number:	CM14-0200034		
Date Assigned:	12/10/2014	Date of Injury:	09/18/2011
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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) 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 patient is a 47 year old female who injured her knees ankles and lower back on 9/18/2011 while performing his usual and customary duties as a housing manager. The mechanism of injury involves running to put out a fire. Per the primary treating physician (PTP's) progress report the subjective complaints are described as follows: "She continues to have pain in both knees but also describes pain in the low back that radiates into the groin." The patient has been treated with medications, physical therapy, acupuncture, injections, surgery (bilateral knees), home exercise programs and chiropractic care (6 sessions). The diagnoses assigned by the PTP for the low back are L5-S1 disc degeneration, possible right sacroiliac joint dysfunction and right S1 radiculopathy with weakness. A magnetic resonance imaging (MRI) of the lumbar spine has revealed "multi-level degenerative disc disease, facet arthropathy and ligamentum flavum arthropathy with a disc bulge at L5-S1 with the bulge abutting against the L5 nerve root." EMG studies for the lower extremities have been authorized but not yet completed. The PTP is requesting an unspecified number of chiropractic care sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section; MTUS Definitions Page 1.

Decision rationale: The patient has received 6 chiropractic care sessions per the records provided. The patient is status post-arthroscopic surgery for her right and left knees. She also suffers from low back pain. The progress reports provided from the treating physician do not show objective functional improvement as defined by MTUS. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The MTUS ODG Low Back Chapter recommends for "flare-ups/recurrences need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months" with evidence of functional improvement. There has been objective functional improvement with the rendered chiropractic care in the cervical and the lumbar spine. The number of visits have not been specified. Objective functional improvement has not been demonstrated with the past chiropractic care. I find that the unspecified number of chiropractic sessions requested to the lower back to not be medically necessary and appropriate.