

Case Number:	CM14-0217813		
Date Assigned:	01/07/2015	Date of Injury:	11/13/2013
Decision Date:	05/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

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 47 year old male, who sustained an industrial injury on 11/13/2013, due to cumulative trauma, while employed as a kitchen assembly worker. The injured worker was diagnosed as having cervical, thoracic, and lumbar strain/sprain with musculoligamentous stretch injury, and left knee strain/sprain. Treatment to date has included magnetic resonance imaging of the left knee on 7/10/2014, lumbar magnetic resonance imaging on 2/28/2014, chiropractic, and acupuncture. Multiple medical records submitted were difficult to decipher. Currently, the injured worker complains of neck pain, rated 7-8/10, associated with numbness and tingling, mid and low back pain, rated 7-8/10, with radiation to the legs and associated with numbness and tingling, right knee and leg pain, rated 5-6/10, and left knee and leg pain, rated 7-8/10. Current medication regime was not noted. The treatment plan included chiropractic therapy additional 8-12 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 sessions 2 times a week for 4-6 weeks (qty: 8-12) for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: The patient has received 12 prior chiropractic care sessions for his injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The 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 PTP describes some improvements with treatment but no objective measurements are listed. The records provided by the treating chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered. The number of requested sessions far exceeds The MTUS recommended number. I find that the 8-12 additional chiropractic sessions requested to the lumbar spine to be not medically necessary and appropriate.