

Case Number:	CM15-0100080		
Date Assigned:	06/02/2015	Date of Injury:	09/03/2014
Decision Date:	07/03/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35-year-old female with a September 3, 2014 date of injury. A progress note dated May 12, 2015 documents subjective findings (lower back pain; lower extremity symptoms; pain rated at a level of 7/10; radicular symptoms that occur as a numbness and tingling of the left lower extremity), objective findings (normal muscle tone without atrophy in all extremities; sensation intact to light touch and pinprick bilaterally to the lower extremities; negative straight leg raise; spasm and guarding noted in the lumbar spine), and current diagnoses (lumbosacral spondylosis; pain in joint, lower leg; sciatica). Treatments to date have included medications, chiropractic treatments, and x-rays of the left knee and lumbar spine (normal findings). The treating physician documented a plan of care that included chiropractic treatments for the lower back and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of chiropractic treatment for low back and left knee: Upheld

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

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

Decision rationale: Patient has completed 2/6 prior chiropractic treatments. Provider requested additional 6 chiropractic sessions for lumbar spine and knee without completing the initial trial of care. 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. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of Chiropractic. 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. Furthermore, MTUS guidelines do not recommend Chiropractic for knee pain. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.