

Case Number:	CM15-0131695		
Date Assigned:	07/17/2015	Date of Injury:	08/03/2012
Decision Date:	08/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 8/3/12. The injured worker has complaints of pain from his right buttock radiating down into his right hamstring. The injured worker has a history of a left knee arthroscopy performed over 18 years ago and continues to be bothered with knee pain on flexion and extension as well as with weight-bearing. Right knee examination revealed no effusion, knee range of motion is from 5- 125 degrees with no ligamentous laxity and no appreciable tenderness. Left knee examination revealed range of motion from 0 to 130 degrees with mild patellofemoral crepitus and mild medial joint line tenderness. Cervical spine examination revealed significant tenderness in the lower midline cervical spine as well as in the left posterior scapula. Lumbar spine examination revealed tenderness over the right S1 (sacroiliac) joint and the right buttock area and back range of motion is moderately limited in all planes due to pain. The diagnoses have included chronic cervicgia with cervical spondylosis; chronic low back pain and right sciatica; L4-S1 (sacroiliac) degenerative disease and moderate symptomatic left knee osteoarthritis. Treatment to date has included advil; tylenol; neurontin; tramadol; intra-articular steroid injections in the left knee; left knee X-ray showed moderate medial joint space narrowing with approximately 1-2 millimeter of residual medial joint space and mild osteophyte formation throughout and chiropractic treatments. The request was for additional chiropractic x 8 session's lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiro x 8 sessions lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and 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 had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 8 chiropractic sessions for lumbar spine which were non-certified by the utilization review. 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. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.