

Case Number:	CM15-0031822		
Date Assigned:	02/25/2015	Date of Injury:	05/21/1985
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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 62 year old male, who sustained an industrial injury on 5/21/1985. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, lumbago, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis, pain in joint involving lower leg, fracture of calcaneus closed, degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included modified activity and opiate therapy and acupuncture has been recommended. Currently, the IW complains of pain along the lower back and right knee. Pain level can fluctuate depending on his activity type and the level of activity. He reports that the pain occurs constantly and is piercing and sharp. He also reports joint pain (right knee), joint stiffness, joint swelling, myalgias, numbness, tingling and weakness. Objective findings included restricted range of motion due to pain, there is paravertebral muscle tenderness noted bilaterally. Straight leg raise test is positive on the left at 45 degrees. There is slightly decreased sensation to pinprick test at L5-S1. There is decreased range of motion to the right knee with spasm and tenderness to palpation. On 1/26/2015, Utilization Review non-certified a request for 12 chiropractic visits for the lumbar and right knee noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of chiropractic 12 visits for the lumbar and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 12 visits for the Lumbar and Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, manipulation subheading; Therapeutic care; Knee and Leg Chapter, manipulation subheading; Preface, Chiropractic; Preface, Physical Therapy.

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 and Knee Chapters, manipulation Sections/MTUS Definitions Page 1.

Decision rationale: The patient has suffered an injury to his right knee and low back. The injury occurred 30 years ago in 1985. 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 past chiropractic progress reports are not present in the records provided. The ODG knee Chapter states that manipulation is "not recommended." The patient has received prior chiropractic care for his injuries. 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 past treatment but no objective measurements are listed. The 12 additional sessions requested far exceed The MTUS recommended number. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. I find that the 12 additional chiropractic sessions requested to the right knee and lumbar spine to not be medically necessary and appropriate.