

Case Number:	CM15-0044520		
Date Assigned:	03/16/2015	Date of Injury:	06/20/1982
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male, who sustained an industrial injury on June 20, 1982. He reported right knee and neck pain. The injured worker was diagnosed as having right knee degenerative joint disease, lumbago, lumbar herniation, lumbar radiculopathy, status post lumbar steroid injection and nerve root block and cervical strain. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, medications and work restrictions. Currently, the injured worker complains of chronic right knee and neck pain. The injured worker reported an industrial injury in 1982, resulting in chronic right knee and neck pain. He was treated conservatively and with steroid injections without complete resolution of the pain. Evaluation on February 17, 2015, revealed continued pain. The recommendation was to start chiropractic care, additional pain injections and to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Services with modalities & exercise 2 x 6: 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), Work Loss Data Institute, Chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Manual Therapy/Manipulation Page(s): 98-99, 58.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. Additionally MTUS does not recommend maintenance chiropractic treatment, which would be applicable in this notably chronic timeframe. For these multiple reasons, this request is not medically necessary.

X-ray T-spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303, 177.

Decision rationale: ACOEM recommends imaging of the spine if there are red flag history/ physical exam concerns or if there is a specific differential diagnosis to be considered by the imaging study. The records in this case do not document such a rationale or indication for the requested x-ray. This request is not medically necessary.