

Case Number:	CM15-0052947		
Date Assigned:	03/26/2015	Date of Injury:	07/08/2014
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on 7/08/2014. Diagnoses include lumbosacral sprain/strain, lumbosacral neuritis/radiculitis and left knee sprain/strain. Treatment to date has not been provided. Per the Primary Treating Physician's Progress Report dated 2/25/2015, the injured worker reported frequent dull lumbosacral pain with radiation to left buttocks, left posterior thigh, left ankle/foot and left distal digits. Left knee symptoms are described as a frequent dull pain with radiation of pain and numbness to the left ankle/foot and left distal digits. Pain is relieved by medication. Physical examination revealed decreased lumbar range of motion with pain noted upon all planes. Left knee range of motion was decreased with pain noted upon all planes of the left knee. Lesegue's test was positive to the right at 80 degrees and positive to the left at 60 degrees, Kemp's test was positive bilaterally and Milgram's test was positive. The plan of care included, and authorization was requested for 12 (2x6) chiropractic/physiotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic/physiotherapy treatments - 2 x per week for a period of 6 weeks to Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine treatment exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic, Physical Medicine Page(s): 99, 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. However, these guidelines specify for an initial trial of up to 6 visits. Only with evidence of objective functional improvement, can further session be supported. The injured worker in this case has completed prior chiropractic, but a summary of total number of sessions and functional gains is not submitted. Therefore this request is not medically necessary.