

Case Number:	CM14-0147894		
Date Assigned:	09/15/2014	Date of Injury:	07/08/2011
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Chiropractics and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the available medical records, this is a 48 year old female patient with chronic right knee pain and low back pain, date of injury is 07/08/2011. Previous treatments include physical therapy, right knee meniscal repair, Orthovisc injection on right knee, medications, chiropractic, and lumbar radiofrequency. Progress report dated 01/17/2014 by the treating doctor revealed patient pain level remained unchanged since last visit. Lumbar spine exam revealed loss of normal lordosis with straightening of the lumbar spine, ROM restricted with pain, paravertebral muscles hypertonicity, spasm, tender and tight on both sides, lumbar facet loading is positive on both sides. Diagnoses include backache. The patient is on modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Chiropractor for Evaluation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation.

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

Decision rationale: Review of the available medical records show this patient with chronic low back pain and knee pain. She has some positive outcomes with past chiropractic treatments.

However, there are no treatment records available for review, no total number of visits documented. She could benefit from chiropractic treatments for flares up of her low back pain, according to MTUS guidelines. However, there is no documentation for recent flare ups and there is no number of visits specified in the request. Therefore, the request for chiropractic evaluation and treatment is not medically necessary.