MAXIMUS Federal Services

Case Number:	CM14-0160728		
Date Assigned:	10/06/2014	Date of Injury:	12/31/1996
Decision Date:	10/30/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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 licensed in Chiropractic and Acupuncture 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:

Claimant is a 59 year old female who sustained a work related injury on 12/31/1996. Prior treatment includes facet nerve block, psychotherapy, medications, left knee surgeries, physical therapy, spinal fusion, lumbar radiofrequency ablation, knee injections, and chiropractic. Per a Pr-2 dated 9/15/2014, the claimant has a flare-up of lower back pain and left knee pain. She also has neck pain and headaches. She has altered gait resulting from the left knee pain and is also contributing to flare-ups of the lower and middle back pain. Her diagnoses are lumbar intervertebral disc degeneration, cervical intervertebral disc degeneration, degeneration of the left knee meniscus/ligament, and bilateral plantar fasciitis. The claimant is no longer working. The provider reports improvement in cervical and lumbar range of motion after treatment. Per an appeal dated 9/29/2014, the provider states that chiropractic works well in controlling pain levels, reduce her reliance on prescription medication, and to be able to continue to perform the ADLs. Per a PR-2 dated 7/25/2014, 6/4/2014, 5/21/2014, 4/16/2014, 3/7/2014, 2/6/2014, the claimant reports a flare-up of lower back and left knee pain. The provider documents increased lumbar and cervical range of motion after treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) sessions of chiropractic adjustments and adjunctive physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Low Back, Interferential Current. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Chiropractic Care, Manipulation, Chiropractic Guidelines, Neck and Upper Back (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months for flare-ups. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. However, the claimant is receiving more than the recommended treatments for flare-ups and continuing to have frequent flare-ups. Although there is an increased range of motion right after treatment, there is no decrease of reliance of medical treatment. Therefore further visits are not medically necessary.