

Case Number:	CM14-0161020		
Date Assigned:	10/06/2014	Date of Injury:	08/28/2009
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

This claimant is a 55 year old male injured worker with date of injury 8/28/09 with related low back pain. Per progress report dated 9/10/14, the injured worker complained of low back pain rated 7/10 with associated burning and aching pain radiating to both legs with weakness. He also complained of foot pain rated 7/10 and knee pain rated 8/10 in intensity with swelling of the left leg to the left foot. Per physical exam, tenderness and decreased range of motion were noted at the left foot, lumbar spine, and left knee. There was spasm present in the lumbar musculature. Treatment to date has included physical therapy, chiropractic manipulation, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x wk x 4 wks Low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58.

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

Decision rationale: Per MTUS CPMTG with regard to chiropractic care: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the

treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups -Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Per the documentation submitted for review it is indicated that the injured worker was previously treated with chiropractic care targeted toward the knee, however it was not specified if there was previous treatment focused on the low back. Nor was there documentation of objective functional improvement to support further sessions. If this is the first request for treatment, it is in excess of the MTUS recommended trial of 6 visits over two weeks. The request is not medically necessary.