

Case Number:	CM14-0213513		
Date Assigned:	12/31/2014	Date of Injury:	11/22/2013
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Chiropractor, Oriental Medicine

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 41 year old female who reported neck, low back and left knee pain from injury sustained on 11/22/13 after she was physically assaulted by a violent child. Patient is diagnosed with cervical disc displacement, lumbar disc displacement, and sprain of knee. Patient has been treated with chiropractic and medication. Per medical notes dated 11/19/14, patient complains of neck pain rated at 8/10 which is about the same. She complains of low back pain that is rated 7/10 and is same and constant. She also complains of left knee pain rated at 5/10 which is frequent but slowly improving. Pain is made better with rest and medication and is made worse with weather change and activity. She is currently not working. Examination revealed cervical paraspinal tenderness, lumbar paraspinal tenderness, left knee medial joint line tenderness, slight decrease in left knee motion. Provider requested additional 2X6 chiropractic sessions for lumbar spine, cervical spine and left knee which were non-certified by the utilization review on 12/05/14. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Therapy Additional 2 Times A Week for 6 Weeks, In Treatment of The Cervical Spine, Lumbar Spine and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X6 chiropractic sessions for lumbar spine, cervical spine and left knee which were non-certified by the utilization review on 12/05/14. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 Chiropractic visits are not medically necessary.