

Case Number:	CM14-0216858		
Date Assigned:	01/06/2015	Date of Injury:	08/29/2010
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/26/2014

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:

This 34 year old female sustained a work related injury on 08/29/2010. According to a Utilization Review Appeal dated 06/12/2014, the claimant was working as a pharmaceutical representative and was involved in a four vehicle accident. On 06/26/2014, the injured worker underwent a right shoulder arthroscopy, debridement, and posterior labral tear repair with Arthrex Push Lock anchor, right knee arthroscopy, and partial medial meniscectomy with medial meniscus repair with Smith & Nephew Fast Fix 360. On 07/29/2014, the injured worker underwent a right-sided lumbar sympathetic block to L2 and L3 under fluoroscopy and intravenous sedation. According to a follow up visit for the low back, right knee and CRPS of the right lower extremity, dated 11/24/2014, the injured worker continued to have excruciating pain due to not receiving her medications. She reported that she needed to cease physical therapy, yoga and other rehabilitative modalities due to pain. Without medications, her pain had increased to a 9 on a scale of 0-10 constantly and was a 10 with any activity. Objective findings included acute distress, anxiety, fatigue, lethargy and tearfulness. Gait was antalgic. There was tenderness to palpation of the right knee. The right knee examination was positive for effusion, apprehension sign and joint line tenderness but not erythema. There was no documentation of a physical examination of the back. A formal request was made for right lumbar sympathetic block, fluoroscopic guidance, IV Sedation and 6 sessions of chiropractic treatment. Diagnoses included pain joint lower leg, pain psychogenic NEC, pain in joint shoulder, internal derangement of knee, pain in joint forearm, dystrophy reflex sympathetic lower limb and lumbago. According to the provider, the injured worker had been finding benefit from

chiropractor visits once weekly. According to a Utilization Review Treatment Appeal dated 12/09/2014, the injured worker has had more than 30 sessions of chiropractic care for her neck, low back and right knee. Chiropractic treatment notes were not submitted for review. On 12/08/2014, Utilization Review non-certified 6 chiropractic therapy for the lumbar spine as an outpatient. The request was received on 12/01/2014. According to the Utilization Review physician, there was no documentation of objective examples of functional improvement or medication sparing effect with the previous sessions to warrant additional treatments. There was no documentation of at least 50 percent pain reductions with the previous treatments. The number of previous sessions was not documented to determine the medical necessity of the additional sessions. Guidelines referenced for this review included ACOEM Practice Guidelines Low Back Complaints and Knee Complaints. The 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:

6 chiropractic therapy sessions for the lumbar spine: Upheld

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

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 significant functional improvement with prior care. Utilization appeal dated 12/09/14 revealed the patient has decreased pain and increased sitting tolerance with continued chiropractic treatments. The patient has completed over 30 chiropractic sessions and continues to be in pain rated at 9/10. Her relief with chiropractic is not sustained, per MTUS guidelines Chiropractic treatment is not supported for maintenance care. Provider requested additional 6 chiropractic sessions for lumbar spine. 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. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.