

Case Number:	CM15-0118523		
Date Assigned:	06/26/2015	Date of Injury:	08/16/2006
Decision Date:	07/29/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/18/2015

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 51 year old male who sustained an industrial injury on 8/16/06 which was a re-injury where he sustained a torn meniscus and had arthroscopy but has a debilitated knee. He was initially diagnosed with lumbar sprain and strain, contusion of the buttocks, right knee sprain/ strain, left shoulder sprain/ strain. He received medications, physical therapy and aqua therapy. He currently complains of increase in lumbosacral radicular pain with a pain level 8-9/10 (baseline is 5-6/10). He has sleep difficulties. On physical exam there was mild tenderness on palpation of the lumbar spine with positive straight leg raise right greater than left and positive bilateral axial loading; mild tenderness of the right knee with mild crepitus. Medications are gabapentin, Nexium, Norco, Opana, Tramadol, Flexeril. Diagnoses include chronic low back pain; sciatica bilaterally; right knee pain; lumbar disc displacement; sacroiliitis; joint pain left leg; osteoarthritis; patella chondromalacia. Treatments to date include right knee Synvisc injection (4/29/15) with decrease in intensity of right knee pain; home exercise program; medications. In the progress note dated 6/16/15 the treating provider's plan of care included a request for chiropractic therapy 9 sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care Lumbar Spine Qty 9: 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; ; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): (s)58/59.

Decision rationale: The June 16, 2015 UR determination denied the treatment request for 9 Chiropractic visits to manage the patient lumbar spine citing CA MTUS Chronic Treatment Guidelines. The UR determination referenced the claimant experiencing a flare/exacerbation of lower back pain with impairment that was the subject of referral for 9 Chiropractic visits that exceeded CA MTUS Chronic Treatment Guidelines that support an initial trial of care, 6 sessions. The reviewed medical records failed to support a treatment plan of 9 manipulative sessions with the request exceeding CA MTUS Chronic Treatment Guidelines for an initial trial of care. The request is not medically necessary.