

Case Number:	CM15-0172726		
Date Assigned:	09/14/2015	Date of Injury:	08/16/2013
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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: Chiropractic

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 31 year old male sustained an industrial injury on 8-6-13. Documentation indicated that the injured worker was receiving treatment for lumbar spine radiculopathy and left knee tendonitis. Magnetic resonance imaging lumbar spine (10-15-13) showed disc bulge at L5-S1 without any significant central or foraminal stenosis. Previous treatment included physical therapy, epidural steroid injections, home exercise and medications. In the most recent documentation submitted for review, an initial orthopedic evaluation dated 7-13-15, the injured worker complained of low back pain with radiation to bilateral legs and feet associated with pinching in the low back and numbness and tingling in the lower extremities and left knee pain associated with clicking, popping, locking and giving out. The injured worker also complained of difficulty sleeping, stomach aches with medications, bowel dysfunction, dizziness, breathing problems and weight loss. The injured worker's medical history was remarkable for pre-diabetes and hypertension. Physical exam was remarkable for lumbar spine with tenderness to palpation and spasms in the paraspinal musculature, 5 out of 5 lower extremity strength and decreased sensation at the S1 distribution. Exam of the right knee showed tenderness to palpation at the left patellar tendon insertion with patellar crepitus. The injured worker had a normal gait and could toe and heel walk and squat with pain. X-rays of the left knee showed mild loss of medial joint space and lateral patellar tilt. The physician recommended twelve sessions of physical therapy. On 8-18-15, a request for authorization was submitted for chiropractic therapy for the low back and knee. On 8-21-15, non-certified a request for chiropractic therapy, duration and frequency unknown, for the low back and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, duration/frequency unknown, lower back and knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Knee/Manipulation.

Decision rationale: The patient has not received chiropractic care for his lumbar spine and knee injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks and additional care with evidence of objective functional improvement. The same sections do not recommend manipulation for the knee. The MTUS recommendations contain a specific number of treatment sessions. The PTP does not specify duration and frequency of care. Without this information, The MTUS recommendations cannot be followed. I find that the unknown and unspecified number of chiropractic sessions requested to the lumbar spine and knee are not medically necessary.