

Case Number:	CM15-0078453		
Date Assigned:	04/29/2015	Date of Injury:	09/05/2014
Decision Date:	05/29/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/23/2015

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

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 40-year-old male, who sustained an industrial injury on 9/05/2014. He reported that his right leg fell in between a loading dock and a trailer, while pushing a box out of a truck. The injured worker was diagnosed as having lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, rule out lumbar disc protrusion, right knee pain, and right knee sprain/strain. Treatment to date has included diagnostics, functional capacity evaluation, aquatic therapy, physical therapy, and medications. Currently, the injured worker complains of severe low back pain with radicular symptoms into the legs. Relief was noted from medication, massage, and physical therapy. Objective findings of improvement were not documented. Pain was not rated. Medications included Naproxen, Tramadol, Gabapentin, Zolpidem, and Pantoprazole. Topical compound creams were also noted. Chiropractic (2x4) was recommended on 2/20/2015, at which time 10 sessions of aquatherapy were remaining (from 12).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro Therapy: 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 Chapter.

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

Decision rationale: The claimant presented with ongoing low back and right knee pain despite previous treatments with medications, aquatic therapy, and physical therapy. Although MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for the low back, the guidelines do not recommend chiropractic therapy for the knee. The current request for 8 chiropractic therapy visits exceeded the guidelines recommendation for the low back pain and not recommended for the knee. Therefore, it is not medically necessary.