

Case Number:	CM15-0079976		
Date Assigned:	05/01/2015	Date of Injury:	01/14/2011
Decision Date:	06/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/27/2015

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 27 year old female who sustained an industrial injury on January 14, 2011. She has reported injury to the lumbar spine and bilateral knees and has been diagnosed with tear medial meniscus knee current, joint pain in the left leg, sciatica, and backache. Treatment has included medical imaging, physical therapy, acupuncture, chiropractic care, injection, and medications. Currently the injured worker complains of lumbar spine pain and bilateral knee pain. The treatment request included chiro.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional chiropractic sessions: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments per the 4/2/2015 RFA was not established. The report from [REDACTED] indicated that the claimant has undergone at least 30 chiropractic treatments "without improvement since the onset." Given the absence of improvement as a result of 30 treatments, it is unlikely that 12 additional treatments at this time will provide any additional benefit. Moreover, the request exceeds MTUS guidelines. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Therefore, the medical necessity for the requested 12 chiropractic treatments was not established.