

Case Number:	CM15-0091338		
Date Assigned:	05/15/2015	Date of Injury:	10/01/2013
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/12/2015

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 60 year old male who sustained an industrial injury on 10/1/13 involving the right knee due to cumulative trauma. He also complained (10/17/13) of low back pain radiating down the left leg into the calf and was diagnosed with lumbar strain with sacroiliac strain. He currently complains of constant low back, right long finger with no complaints, intermittent cervical spine stiffness and intermittent right knee pain. He has no problem sleeping and manages activities of daily living without assistance. Medications are meloxicam, Prilosec. Diagnoses include right 3rd digit distal interphalangeal arthrodesis with retained hardware, removal of hardware (9/19/14); lumbar spine sprain with left radiculopathy; difficulty walking; sacroiliac sprain; thoracic spine pain; neurosensory loss of hearing. Treatments to date include Synvisc injection right knee (3/10/14) which was helpful; rest; taping; anti-inflammatory medication; chiropractic treatments. Diagnostics include MRI right knee (2/24/14) showing chondromalacia of the patella; x-rays (1/28/14) showing notable joint space narrowing in the patellofemoral and mild joint space narrowing in the medial compartment. On 5/11/15 Utilization, review reviewed the requests for chiropractic therapy 1X8 for the lumbar spine; 1 every two weeks X 8 weeks for the lumbar spine and for re-evaluation after 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 1 time per wk for 8 wks, 8 sessions for Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The claimant presented with increased in his chronic low back pain. Reviewed of the available medical records showed the claimant has had chiropractic treatments previously for his lumbar. However, there is no treatment records available, total number of visits completed is unknown and treatment outcomes are not documented. Current request for 8 chiropractic sessions also exceeded MTUS guidelines recommendation for flare-up. Therefore, it is not medically necessary.

Chiropractic therapy, 1 time every 2 wks for 8 wks, 4 sessions for Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. According to the available medical records, the claimant presented with increased low back pain. Previous chiropractic treatments records are not available for review. Current request for chiropractic therapy, 1 time per week for 8 weeks, exceeded MTUS guidelines recommendation for flare-up. Ongoing maintenance treatment request, 1 time every 2 weeks for 8 week, also are not recommended by evidences based guidelines. Therefore, it is not medically necessary.

Re-evaluation after 4 months, Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. While prior request for

treatments exceeded evidences based MTUS guidelines and not medically necessary, there is no reason for need of re-evaluation in 4 months. Unless, the claimant is going to experience a future flare-up, then additional treatment and re-evaluation request can be recommended at that time if medically necessary and appropriate.