MAXIMUS Federal Services

Case Number:	CM13-0005218		
Date Assigned:	11/08/2013	Date of Injury:	06/24/2008
Decision Date:	10/15/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a patient with a date of injury of 6/24/08. A utilization review determination dated 7/1/13 recommends denial of chiropractic, trigger point myotherapy, and adjunctive treatment to aid functional restoration. Acupuncture was modified from 12 sessions to 4 sessions. It noted that the patient appears to have received previous chiropractic treatment. It referenced a 6/11/13 medical report identifying lumbar spine pain with decreased ROM, myospasm, positive Kemp's, and tenderness. Recommendations include acupuncture, chiropractic, trigger point myotherapy, and "adjunctive treatment to aid in functional restoration."

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a

clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has chronic pain and a trial of acupuncture appears appropriate. However, the current request exceeds the 6 visit trial recommended by the CA MTUS and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested acupuncture is not medically necessary.

ONE (1) CHIROPRACTIC TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it appears that previous chiropractic has been utilized, but there is no documentation of evidence of functional improvement. In the absence of clarity regarding the above issues, the currently requested chiropractic is not medically necessary.

TRIGGER POINT MYOTHERAPY: 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 Page(s): 60.

Decision rationale: Regarding the request for trigger point myotherapy, it appears that the request is a type of massage therapy. Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no documentation of any focal trigger points on exam or a clear rationale for this specific type of treatment. Furthermore, the proposed number of sessions is not identified. An open-ended authorization for treatment is not appropriate and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested trigger point myotherapy is not medically necessary.

ADJUNCTIVE TREATMENT TO AID FUNCTIONAL RESTORATION: 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 Page(s): 7.

Decision rationale: Regarding the request for adjunctive treatment to aid functional restoration, CA MTUS does support treatment to promote functional restoration. However, without indication of the specific type(s) of treatment being requested, it is impossible to appropriately apply evidence-based criteria to determine the medical necessity of the request. In light of the above issues, the currently requested adjunctive treatment to aid functional restoration is not medically necessary.