

Case Number:	CM13-0011883		
Date Assigned:	01/29/2014	Date of Injury:	11/26/2012
Decision Date:	07/29/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/15/2013

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 licensed in Chiropractic 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:

The claimant is a 33-year-old male, who was involved in a work injury on 11/26/2012. The injury was described as the claimant fell from a ladder and struck his chest, back, and neck. The claimant presented to the office of [REDACTED], on 12/7/2012, with complaints of constant low back pain at 6/10, with occasionally tingling in both legs. The claimant was diagnosed with lumbar sprain, radicular neuralgia to the bilateral lower extremities and myalgia/myositis. The recommendation was for a course of chiropractic treatment. On 3/5/2013, [REDACTED] reevaluated the claimant who noted pain levels of 5/10 on the visual analogue scale. The Oswestry questionnaire dated 3/5/2013, was scored a 54%. On 4/19/2013, [REDACTED] reevaluated the claimant who noted pain levels of 6/10. The 4/19/2013 Oswestry was scored at 66%. On 7/30/2013, the claimant was reevaluated by [REDACTED]. The claimant continued to complain of low back pain at 6/10. The recommendation was for twelve (12) additional chiropractic treatments at two (2) times per week for six (6) weeks and additional acupuncture treatments at two (2) times per week for six (6) weeks. This request was denied by peer review. At that time the claimant completed thirteen (13) chiropractic and twelve (12) acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment, outpatient, two (2) times a week for six (6) weeks:
Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The guidelines also indicate that four to six (4-6) treatments are recommended, one to two (1-2) times per week the first two (2) weeks, as indicated by the severity of the condition. The maximum duration is eight (8) weeks. The claimant underwent a course of chiropractic treatment and acupuncture is physical therapy with no evidence of functional improvement. The claimant presented to the provider's office with pain levels of 6/10 on the visual analogue scale. Subsequent evaluation noted the same pain levels. The Oswestry questionnaire increased from 54% on 3/5/2013 to 66% on 4/19/2013. This indicates an absence of functional improvement. This absence of functional improvement was echoed by the treating provider. On 7/3/2013 and 8/14/2013, the treating provider reevaluated the claimant. The report indicated that the claimant "has not improved with the conservative management." Therefore, given the absence of documented functional improvement as a result of the previous course of chiropractic treatment. The medical necessity for the requested twelve (12) additional chiropractic treatments, two (2) times per week for six (6) weeks was not established.

Additional acupuncture treatment 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: The Acupuncture Medical Treatment Guidelines recommend three to six (3-6) acupuncture treatments, one to three (1-3) times per week, for an optimum duration of one to two (1-2) months. The claimant underwent a course of chiropractic treatment and acupuncture in addition to physical therapy with no evidence of functional improvement. The claimant presented to the provider's office with pain levels of 6/10 on the visual analogue scale. Subsequent evaluation noted the same pain levels. The Oswestry questionnaire increased from 54% on 3/5/2013 to 66% on 4/19/2013. This indicates an absence of functional improvement. This absence of functional improvement was echoed by the treating provider. On 7/3/2013 and 8/14/2013, the treating provider reevaluated the claimant. The report indicated that the claimant "has not improved with the conservative management." Therefore, given the absence of documented functional improvement as a result of the previous course of acupuncture treatment. The medical necessity for the requested twelve (12) additional acupuncture treatments, two (2) times per week for six (6) weeks was not established.