

Case Number:	CM13-0013042		
Date Assigned:	12/11/2013	Date of Injury:	01/18/2011
Decision Date:	01/21/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/19/2013

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 a Licensed Acupuncturist, 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 patient is a 43-year-old male with a date of injury of 1/18/2011. According to the progress report dated 7/27/2013, the patient reports on-going pain and spasm. He notes that acupuncture was helping and would like to continue acupuncture. There was no escalation in medication use. Physical exam reveals persistent lower bilateral back pain, paravertebral muscle spasm bilaterally in the lumbar area, and positive bilateral straight leg raise. The patient was diagnosed with lumbar disc disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic Treatment, 2x per week x 6 weeks: Upheld

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

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

Decision rationale: Chiropractic treatment 2 times a week for 6 weeks is not medically necessary. Records indicate prior chiropractic care with no documentation of objective functional improvement; therefore the provider's request for additional chiropractic care is not medically necessary or appropriate.

Acupuncture, 2x per week x 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 acupuncture for pain. The guidelines recommend a trial of 3-6 acupuncture sessions over 1-2 months to produce functional improvement. Acupuncture may be extended if there is documentation of functional improvement. Records noted that acupuncture was helpful; however there was no documentation of objective functional improvement. Therefore additional acupuncture 2 times a week for 6 weeks is not medically necessary at this time.