MAXIMUS Federal Services

Case Number:	CM13-0015693		
Date Assigned:	03/19/2014	Date of Injury:	01/23/2008
Decision Date:	04/15/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/23/2013

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 and is licensed to practice in Texas. 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 40-year-old female who reported an injury on 01/23/2008, after she fell off of a broken chair. The patient reportedly sustained an injury to her low back. The patient's treatment history included physical therapy and medications. The patient's most recent clinical evaluation dated 06/25/2013 documented that the patient underwent electrodiagnostic studies that had findings consistent with L5 radiculopathy. The patient's physical assessment included ongoing low back pain radiating into the bilateral lower extremities. The patient's treatment plan included acupuncture, chiropractic care, and participation in a home exercise program to include stretching and walking 30 minutes per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) CHIROPRACTIC VISITS TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 58-60. Decision based on Non-MTUS Citation MANUAL THERAPY AND MANIPULATION

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation MANUAL THERAPY & MANIPULATION, PAGE 58.

Decision rationale: The Chronic Pain Guidelines recommend chiropractic care in the management of ongoing chronic low back pain. However, the clinical documentation submitted for review does not provide any evidence of a history of chiropractic care. Therefore, the guidelines would recommend a six (6) visit clinical trial to establish the efficacy of this treatment modality. A trial of chiropractic care to include six (6) visits would be appropriate for this patient. However, the requested twelve (12) visits exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary or appropriate.

TWELVE (12) ACUPUNCTURE VISITS 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 acupuncture as an adjunct treatment to active therapy. The clinical documentation submitted for review does provide evidence that the patient is participating in a home exercise program that would benefit from the adjunct treatment of acupuncture. However, the clinical documentation does not provide any evidence of a history of acupuncture treatments. Therefore, the guidelines recommend a four (4) visit to six (6) visit clinical trial to establish the efficacy of this treatment modality. The requested twelve (12) visits exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the request is not medically necessary or appropriate.