

Case Number:	CM13-0023104		
Date Assigned:	03/19/2014	Date of Injury:	11/22/2012
Decision Date:	05/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for low back, leg, and knee pain with an industrial injury date of November 22, 2012. Treatment to date has included medications, 12 sessions of chiropractic treatment, and 12 sessions of acupuncture. Utilization review from August 26, 2013 denied the request for continued chiro 3x4, lumbar; continued acupuncture 3x4, lumbar; and TENS unit (purchase for home use). The chiropractic and acupuncture requests were denied because the number of sessions requested was deemed not necessary according to CA/MTUS guidelines. The request for TENS unit purchase was denied because the guideline criteria have not been met. Medical records from 2012 through 2013 were reviewed, the latest of which was a supplemental report dated September 17, 2013, which showed that the patient complained of neck, shoulder, right hip, and feet pain rated as 4/10; low back, leg, and knee pain rated as 5/10, and right hand pain rated as 6/10. Pain was reported to be associated with weakness in the right knee and low back, numbness in the thighs, locking in the right finger, and grinding in the lower back and knee. Pain is said to radiate to her right finger. She reported that gripping, bending, stooping, walking, and sitting aggravated her symptoms. The patient also stated that acupuncture therapy and chiropractic treatment have decreased her pain and increased mobility and that she was taking less amounts of her medications. On physical examination of the lumbar spine, there was tenderness to palpation noted. Manual muscle testing was 4/5 with flexion, extension, and bilateral lateral bend. Range of motion was restricted due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED CHIROPRACTIC SESSIONS, 3 TIMES A WEEK FOR 4 WEEKS, TO THE LUMBAR SPINE: Upheld

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

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

Decision rationale: According to page 58 of the Chronic Pain Medical Treatment Guidelines, manipulation of the lower back may be continued with evidence of objective functional improvement with previous treatment, wherein a total of up to 18 visits is supported. In this case, although there was subjective evidence that reported a decrease in pain and medication use and increased mobility after chiropractic treatment, there was no objective evidence to support this claim such as range of motion measures. In addition, the current request is for chiropractic sessions for 3 times a week for 4 weeks, for a total of 12 additional sessions, which when added to her previous sessions, would exceed the recommended total of up to 18 visits only. Therefore, the request for continued chiropractic sessions, 3 times a week for 4 weeks, to the lumbar spine not medically necessary.

CONTINUED ACUPUNCTURE, 3 TIMES A WEEK FOR 4 WEEKS, TO THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if functional improvement is documented. In this case, although there was a subjective finding of decreased pain and increased mobility after acupuncture therapy, there was no objective evidence of functional improvement such as improved activities of daily living or improved work function. Therefore, the request for continued acupuncture is not medically necessary.

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: According to pages 114-116 of the Chronic Pain Medical Treatment Guidelines, criteria for the use of TENS include chronic intractable pain - pain of at least three

months duration, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In this case, a treatment plan defining the goals of treatment with the TENS unit was not indicated in the medical reports. The guideline criteria were not met; therefore, the request for a TENS unit is not medically necessary.