MAXIMUS Federal Services

Case Number:	CM13-0024048		
Date Assigned:	10/11/2013	Date of Injury:	03/05/2012
Decision Date:	01/06/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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.

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 Y, F with a date of injury on 3/5/12. The patient's diagnoses include: cervical strain/sprain; thoracic strain, muscle spasm. The progress report dated 7/31/13 by [redacted] noted that the patient reported pain in the cervical and thoracic spine with tenderness to palpation and pain with rotational extension in both areas. No discussion was provided in regard to prior results from chiropractic or acupuncture therapy. The utilization review letter dated 11/29/12 noted that 22 chiropractic visits were authorized between 5/25/12 and 10/2/12. The acupuncture treatment note dated 10/5/12 by [redacted] noted that the patient reported decreased pain and improved functional ability with prolonged sitting after progressive treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions 1x6 for cervical and thoracic: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The progress report dated 7/31/13 by [redacted] noted that the patient reported pain in the cervical and thoracic spine with tenderness to palpation and pain with rotational extension in both areas. No discussion was provided in regard to prior results from chiropractic or acupuncture therapy. The acupuncture treatment note dated 10/5/12 by [redacted]

[redacted] noted that the patient reported decreased pain and improved functional ability with prolonged sitting after progressive treatments. The acupuncture medical treatment guidelines state that acupuncture treatments may be extended if functional improvement is documented. It appears that the patient has had functional improvement in the past with acupuncture treatment, therefore authorization is reasonable.

Chiropractic sessions 1x6 for cervical and thoracic: Upheld

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

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

Decision rationale: The progress report dated 7/31/13 by [redacted] noted that the patient reported pain in the cervical and thoracic spine with tenderness to palpation and pain with rotational extension in both areas. No discussion was provided in regard to prior results from chiropractic or acupuncture therapy. The utilization review letter dated 11/29/12 noted that 22 chiropractic visits were authorized between 5/25/12 and 10/2/12. It appears that the patient has undergone extensive chiropractic treatment in the past. MTUS pg. 58 states that in the case of recurrences/flare-ups there is a need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. It is unclear by the submitted medical records by [redacted] if the patient is experiencing a flare-up and the requested 6 visits exceeds the recommended 1-2 visits supported by MTUS. Recommendation is for denial.