

Case Number:	CM13-0026895		
Date Assigned:	03/19/2014	Date of Injury:	08/31/2001
Decision Date:	04/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

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 & 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 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 61 year old male with an injury date on 08/31/2001. As stated on the UR, the patient's diagnosis include "increased pain in the left lower limb with numbness and tingling down the middle of his left calf. The right thoracic are has felt stuck. Non-antalgic gait and myofascial trigger points were noted in the quadratus lumborum, trapezius, serratus anterior, and rhomboid muscles on the right side. Decreased sensation to light touch was noted in the medial calf on the left." The patient received various treatments which included medication, physical therapy, injections, and radiofrequency ablation of the medial branch nerves of the low back. ■■■■■ requests the following: 1) 12 acupuncture sessions 2) 12 chiropractic sessions and consultation The UR determination being challenged is dated 08/27/13 and recommends denial of both the acupuncture and chiropractic sessions. ■■■■■ is the requesting provider and provided treatment reports from 06/10/13- 08/04/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ACUPUNCTURE SESSIONS.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with increased pain in the left lower limb with numbness and tingling down the middle of his left calf. The patient is also diagnosed with L5 vs S1 radiculopathy and left L5 radiculopathy. The request is for 12 acupuncture sessions "for myofascial release and exacerbation of low back pain," as stated on the 08/14/13 PR-2 by [REDACTED]. "The patient has a significant amount of right thoracic pain. He states that the pain in his low back got severe, and therefore, it added to a new symptom which is his right thoracic pain." Review of the reports do not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. MTUS acupuncture guidelines recommend initial trial of 3-6 sessions of acupuncture. The current request for 12 sessions exceeds initial trial of 3-6 sessions recommended by MTUS. Additional treatments are recommended if the initial trial proves to be helpful in terms of functional improvement. Recommendation is for denial.

TWELVE (12) CHIROPRACTIC SESSIONS AND CONSULTATION.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND TREATMENTS, Page(s): 58-59.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with increased pain in the left lower limb with numbness and tingling down the middle of his left calf. The patient is also diagnosed with L5 vs S1 radiculopathy and left L5 radiculopathy. The request is for 12 chiropractic sessions with consultation. Review of the reports do not show any prior Chiropractic reports and no Chiropractic history is provided. In regards to Chiropractic treatments, MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvement can be documented. In this case, the requested 12 sessions exceeds what is recommended by MTUS for initial trial. The treater should consider trial of 6 sessions first before a more prolonged course of treatment is prescribed. Recommendation is for denial.