

Case Number:	CM13-0027332		
Date Assigned:	03/19/2014	Date of Injury:	04/15/2013
Decision Date:	06/30/2014	UR Denial Date:	09/09/2013
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 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:

This is a 61 year old male who has reported symptoms in the neck, right shoulder, lower back, and extremities after an injury on April 15, 2013. He has been diagnosed with spondylolisthesis, spinal stenosis, radiculitis, degenerative joint disease, and degenerative disc disease. Treatment has included specialty referrals, psychotherapy, physical therapy, acupuncture, TENS and medications. On 5/3/13, a course of acupuncture was prescribed. On 6/25/13, a treating surgeon noted completion of a trial of 3 acupuncture visits. There was no account of any benefit from that acupuncture and surgery was recommended. No work status was described. On July 9, 2013, at a follow up visit with the orthopedist who had prescribed the initial acupuncture, pain had increased and there was no description of functional improvement from acupuncture. The work status was "temporarily totally disabled". More acupuncture was subsequently prescribed. Per a medlegal report of 1/6/14, the initial trial of acupuncture caused discomfort and was discontinued. On 8/12/13, a treating physician prescribed acupuncture and chiropractic therapy. There are multiple chiropractic bills and chiropractic reports during August and September 2013. On 9/09/13, Utilization Review non-certified additional acupuncture therapy, noting the lack of functional improvement from prior acupuncture. Chiropractic care was not certified based on lack of information regarding the results of prior chiropractic care. The California Medical Treatment utilization Schedule (MTUS) was cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2-3 times per week for 6-8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Acupuncture Medical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". An initial course of acupuncture is 3-6 visits per the MTUS. 3 visits were completed. Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the previously certified acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. After the acupuncture trial, Work status was "temporarily totally disabled", which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic ADLs. This implies a failure of all treatment, including acupuncture. There was no evidence of a reduction in the dependency on continued medical treatment. The treating physician recommended more intensive treatment, including surgery. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the California Medical Treatment Utilization Schedule (MTUS).

Chiropractic manipulation 2-3 times per week for 6-8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines

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

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The prescription for chiropractic care under Independent Medical Review appears to be an initial course, as there are no reports of prior chiropractic care. The current prescription (for 24 visits) is in great excess of what the MTUS recommends for chiropractic care as an initial trial. Therefore the prescription is not medically necessary as it would result in attendance at many visits beyond the MTUS recommended trial of care prior to any determination of the necessary functional improvement.