

Case Number:	CM13-0029543		
Date Assigned:	04/25/2014	Date of Injury:	06/24/2013
Decision Date:	07/04/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/26/2013

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 43 year old with an injury date on 6/24/13. Patient did repeated bending, stooping, twisting as a warehouse stocker, and experienced onset of sudden right-sided lower back pain, causing swelling in legs and right ankle. Exam on 7/22/13 showed "moderate pain in L-spine with flexion (80/90) and extension (20/30). Right lateral flex is tight, sore. Kemp's test positive on right side. Positive straight leg rise at 80 degrees on right leg. Positive Fabere's, positive leg lowering test bilaterally. Positive left leg raise test, positive Milgram's test with mild pain on left leg. Tight hip flexors. Disc irritation mildly on right side. Standing on toes is tender and painful and on toes and heel but cannot sustain toe walk." Review of the reports does not show any prior chiropractic or acupuncture reports in patient's history. [REDACTED] is requesting chiropractic sessions 3 times per week for 4 weeks, and acupuncture sessions 2x per week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Therapeutic Care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Treatments Page(s): 58-59.

Decision rationale: According to the 7/22/13 report by [REDACTED], this patient presents with "lower back pain persistent on right side, extending to right buttocks and along right posterolateral leg. Right ankle gets swollen with weight bearing. Coughing, sneezing, straining, prolonged sitting, walking, and bending increases pain. Frequent dull ache increases with activity. Mid back pain between shoulder blades, has stabbing ache when takes deep breath. Difficulty sleeping. Right knee ache, painful patellofemoral tracking dysfunction." The request is for chiropractic sessions 3 times per week for 4 weeks. Review of the reports shows no evidence of prior chiropractic treatments being done. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the physician has asked for 12 sessions of chiropractic therapy with no initial trial. Therefore, the request for Chiropractic sessions 3 times per week for 4 weeks is not medically necessary and appropriate.

ACUPUNCTURE SESSIONS TWO(2) TIMES PER WEEK FOR THREE (3) WEEKS:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 7/22/13 report by [REDACTED], this patient presents with "lower back pain persistent on right side, extending to right buttocks and along right posterolateral leg. Right ankle gets swollen with weight bearing. Coughing, sneezing, straining, prolonged sitting, walking, and bending increases pain. Frequent dull ache increases with activity. Mid back pain between shoulder blades, has stabbing ache when takes deep breath. Difficulty sleeping. Right knee ache, painful patellofemoral tracking dysfunction." The request is for acupuncture sessions 2x per week for 3 weeks. Review of the reports shows no history of acupuncture treatments. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the physician has asked for 6 sessions of acupuncture as a trial. Therefore, the request for Acupuncture sessions 2 times per week for 3 weeks is medically necessary and appropriate.