

Case Number:	CM13-0034668		
Date Assigned:	12/18/2013	Date of Injury:	12/06/2012
Decision Date:	05/20/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/15/2013

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 Chiropractic, 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 35 year old female with a date of injury of 12/6/12. The provider submitted a request for eight acupuncture treatments over four weeks, and six chiropractic treatments over three weeks to the lumbar spine. The most recent progress note on 8/23/13 stated that the patient still has some pain in the back, left sacroiliac joints, and piriformis area, worsened with walking. Examination on 8/28/13 demonstrated pain at 90 degrees flexion down the sacroiliac nerve area, and moderate tenderness of the paravertebral muscles and sacroiliac joint in the left lumbar area.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR THE LUMBAR SPINE (2 TIMES PER WEEK FOR 4 WEEKS):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend 3-6 acupuncture treatments to produce functional improvement. Submitted documents indicate that the patient has had 16 acupuncture treatments with no marked functional improvement. Therefore, continuing with further acupuncture treatments is not medically necessary.

CHIROPRACTIC CARE FOR THE LUMBAR SPINE (2 TIMES PER WEEK FOR 3 WEEKS): 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 MTUS Chronic Pain Medical Treatment Guidelines recommend a trial of six chiropractic visits over two weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be recommended. Submitted documents indicate that the patient has had 18 chiropractic treatments with no marked functional improvement. Therefore, continuing with further chiropractic treatment is not medically necessary.