

Case Number:	CM13-0035283		
Date Assigned:	12/13/2013	Date of Injury:	03/03/2005
Decision Date:	05/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/16/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 60-year-old who sustained an injury to the lumbar spine and bilateral knees in a work-related accident on 3/3/05. A most recent progress report dated 8/1/13 documents that the claimant was seen by [REDACTED] for subjective complaints of low back and bilateral knee pain and that the use of medications and topical creams have alleviated discomfort. Objective findings on exam showed restricted lumbar range of motion at end points with tenderness to palpation and the knee examination showed full range of motion with tenderness over the medial and lateral aspects bilaterally. The working diagnosis was herniated disc of the lumbar spine with bilateral knee arthritis. The recommendation was made for eight sessions of acupuncture, eight sessions of chiropractic care and a urinalysis. The medical records provided document that the claimant has already undergone multiple sessions of physical therapy, chiropractic care, and acupuncture. There is also notation for the chronic use of Vicoprofen for which the claimant had urinalysis testing with no evidence of misuse of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE SESSIONS, TWICE A WEEK FOR FOUR WEEKS:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on California MTUS Acupuncture 2009 Guidelines, continued acupuncture for eight additional sessions would not be indicated. The documentation indicates that this individual has already undergone a significant course of acupuncture and is now noted to be nine years from the time of injury. Optimal use of acupuncture is 1-2 months per CA MTUS Acupuncture Guidelines. Therefore, additional acupuncture is not shown to be medically necessary at this time.

CHIROPRACTIC TREATMENT (8 SESSIONS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Chronic Pain Guidelines do not support the continued use of chiropractic measures. Chronic Pain Guidelines recommend chiropractic care for a maximum duration of eight weeks. This individual has already undergone significant chiropractic care and is now nine years following the time of injury. The Chronic Pain Guidelines also do not recommend chiropractic care for the knee for any working diagnosis. Given the claimant's current diagnosis of lumbar herniated disc and knee osteoarthritis, the length of time since injury, the proposed chiropractic care cannot be recommended as medically necessary.

A URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the request for a urine drug screen would not be supported. This individual has had multiple previous urine drug screens with results indicating no misuse of medications. Based upon the lack of documentation of a significant change in the claimant's usage of medications, change in prescriptions, change in dosage, or documentation of misuse behavior, further urine drug screen would not be indicated at this time.