

Case Number:	CM13-0040242		
Date Assigned:	12/20/2013	Date of Injury:	01/29/2013
Decision Date:	03/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and 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 physician 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 female who was injured on 1/29/13 when she put a metal binder in a bookcase, and turned away, and the bookcase or several of the metal binders fell, striking the back of her neck, causing her to fall on the right knee on the floor and she struck the left side of her head on a wooden bookcase and lost consciousness. She regained consciousness at [REDACTED]. She has been diagnosed with: chronic neck pain with underlying moderate DDD C5/6; chronic mid back pain, improved; right knee strain, improved after cortisone injection; Headaches, tremor and dizziness, no improvement; depression and difficulty sleeping, declined referral to psych. She had history of 4 sessions of chiropractic and 4 sessions of acupuncture with some improvement. The current request is for chiropractic care 2x8 and acupuncture 2x8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 X 8, cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

Decision rationale: The patient presents with headaches, neck, mid back and right knee pain. The only medical report available that discusses chiropractic or acupuncture is the 8/29/13 report from [REDACTED]. It states "she underwent four sessions of each modality that ended in late July 2013 and were temporarily helpful" There was no discussion of functional improvement. MTUS for chiropractic care recommends a trial of 6 sessions, and if there is evidence of functional improvement, then it can be extended for up to 18 sessions. The patient has not completed a fair trial of chiropractic care, and there is no documentation of functional benefit with the 4 sessions provided. A repeat "trial" of 6 sessions might be appropriate to allow the new treating physician to document outcome, however, I am not allowed to offer partial certification for IMR. The current request for 18 sessions of chiropractic care along with the 4 sessions already provided will exceed the MTUS recommendations for total treatment, as well as MTUS recommendations for a trial period.

for Acupuncture 2 X 8, cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with headaches, neck, mid back and right knee pain. The only medical report available that discusses chiropractic or acupuncture is the 8/29/13 report from [REDACTED]. It states "she underwent four sessions of each modality that ended in late July 2013 and were temporarily helpful" There was no discussion of functional improvement. MTUS/Acupuncture guidelines states there should be some functional improvement within 3-6 sessions. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. Functional improvement has not been documented. The request is not in accordance with MTUS/Acupuncture treatment guidelines.