MAXIMUS Federal Services

Case Number:	CM13-0041699		
Date Assigned:	12/20/2013	Date of Injury:	01/13/2010
Decision Date:	02/25/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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:

The reported an injury on 01/13/2010 due to a fall that caused injury to the patient's low back, neck, and shoulder region. Prior treatments included acupuncture, chiropractic care, physical therapy, and medication management. The patient's most recent clinical evaluation revealed the patient had pain to the cervical spine, left shoulder, and left elbow. Physical findings included limited range of motion of the left shoulder. Examination of the left elbow revealed tenderness to palpation over the lateral epicondyle. Examination of the lumbar spine revealed tenderness to palpation over the bilateral lumbar paraspinal musculature with 5/5 motor strength in all extremities. The patient's diagnoses included cervicalgia, lumbago, and disorder of the bursa and tendons in the shoulder region. The patient's treatment plan included a multidisciplinary evaluation for admission into a functional restoration program, a nutritional consultation, chiropractic care, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for acupuncture 2 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture 2 x3 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent this treatment modality. California Medical Treatment Utilization Schedule recommends the continuation of acupuncture treatments be based on documentation of functional benefit, medication reduction, and symptom relief. The clinical documentation submitted for review does not provide any evidence of efficacy of the prior treatments. Therefore, continuation of treatment would not be supported. As such, the requested acupuncture 2 x3 is not medically necessary or appropriate.

The request for chiropractic 2 x 5: Upheld

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

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

Decision rationale: The requested chiropractic 2x5 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously received chiropractic care. California Medical Treatment Utilization Schedule recommends chiropractic care for 1 visit to 2 visits for acute exacerbations of a patient's chronic pain when return to work is established. The clinical documentation submitted for review does not provide any evidence that the patient has had an acute exacerbation of chronic pain that would benefit from a short course of chiropractic care. Additionally, the efficacy of prior treatments was not addressed within the documentation. As the request exceeds the recommended 1 visit to 2 visits and no exceptional factors were noted to support extending treatment beyond guideline recommendations, chiropractic care would not be indicated. As such, the requested chiropractic 2x5 is not medically necessary or appropriate.

The request for nutritional/dietary consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetic Chapter, Lifestyle (diet & exercise) modifications.

Decision rationale: The requested nutritional/dietary consult is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is at a healthy weight and appears "well developed, well nourished." Official Disability Guidelines recommend supervised nutritional programs when the patient has failed to progress in a self managed program. As the clinical documentation indicates that the patient appears to be at a healthy weight and there are no significant indications of dehydration, supervised nutritional

management would not be indicated. As such, the requested nutritional/dietary consult is not medically necessary or appropriate