

Case Number:	CM13-0044161		
Date Assigned:	02/20/2014	Date of Injury:	09/06/2011
Decision Date:	04/29/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/26/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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 58-year-old with an injury date on September 6, 2011. Based on the September 16, 2013 progress report provided by [REDACTED], [REDACTED], the patient's diagnosis include lumbar disc disorder/myelopathy, lumbar myofascial sprain-strain, and osteoarthritis (unspecified location). A x-ray of the lumbar spine completed on February 22, 2013, revealed vertebral spurring. A CT of the lumbar spine completed on February 22, 2013, revealed degenerative changes of both the sacroiliac joint and the lumbar spine. [REDACTED] is requesting continued chiropractic treatments twice a week for 4 weeks and acupuncture twice a week for 4 weeks. The utilization review determination being challenged is dated 10/04/13 and recommends denial of both the continued chiropractic treatments and the acupuncture sessions. [REDACTED] is the requesting provider, and he provided treatment reports from February 6 to September 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED CHIROPRACTIC TREATMENT TWICE A WEEK FOR FOUR WEEKS:
Overturned

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

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

Decision rationale: According to the September 16, 2013 progress report provided by [REDACTED], the patient presents with lumbar disc disorder/myelopathy, lumbar myofascial sprain-strain, and osteoarthritis (unspecified location). The request is for continued chiropractic treatments twice a week for four weeks. [REDACTED] progress report from August 28, 2013, mentions that the patient constantly has a 10/10 back pain. This August 28, 2013, progress report was the first report to request the initial chiropractic treatments. Subsequent report September 16, 2013, states that the patient's condition has worsened which has improved slightly with three sessions of chiropractic treatments. This request for 8 sessions of additional chiro treatments were denied by utilization review letter dated October 4, 2013. The rationale was that the "guidelines recommend a trial of six sessions and state there should be significant improvement and further need shown before more can be support." The Chronic Pain Medical Treatment Guidelines guidelines allow up to eighteen sessions of chiro treatments following initial trial of three to six. As mentioned earlier, the three chiropractic sessions the patient had were slightly beneficial. It is still possible that the patient may improve with additional treatments given that the patient only had three sessions. The request for continued Chiropractic treatment, twice per week for four weeks, is medically necessary and appropriate

ACUPUNCTURE TWICE A WEEK FOR FOUR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: According to the September 16, 2013 progress report provided by [REDACTED], the patient presents with lumbar disc disorder/myelopathy, lumbar myofascial sprain-strain, and osteoarthritis (unspecified location). The request is for acupuncture twice a week for four weeks. [REDACTED] progress report from August 28, 2013 mentions that the patient constantly has a 10/10 back pain. Review of the reports do not show any history of acupuncture. The request was denied by utilization review letter dated October 4, 2013. The rationale was that the patient "has just started chiro and there is no need shown for yet another treatment modality to be provided at the same time, especially since one would not be able to assess adequately the results of either treatment." The Acupuncture Medical Treatment Guidelines allows for a trial of acupuncture up to six sessions and more if functional improvement is demonstrated. The request for a total of eight acupuncture sessions exceeds what is allowed by the Acupuncture Medical Treatment Guidelines for an initial trial. The request for acupuncture, twice per week for four weeks, is not medically necessary or appropriate.