

Case Number:	CM13-0047649		
Date Assigned:	01/15/2014	Date of Injury:	07/08/2013
Decision Date:	03/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 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:

The patient is a 37 year old injured worker who was injured their lower back on 07/08/2013 while lifting a box and placing it down at chest level. Prior treatment has included chiropractic manipulation, acupuncture, physio therapy, exercises and pain medication (as per the FCE report dated 08/06/2013). A functional capacity evaluation performed on 08/06/2013 revealed the patient does not appear to be ready to resume their normal job duties as a warehouse loader and will be on disability due to their limitation and restriction to injury. Evaluation dated 07/15/2013, documented normal cervical lordosis, moderate to severe tenderness to palpation of the paraspinal muscles of the cervical spine. Range of motion of the cervical spine is performed with pain and is decreased. The following orthopedic tests were performed: Axial's compression test was positive, shoulder depression test was positive bilaterally, and cervical distraction test was positive. Thoracic spine: There was moderate tenderness to palpation along the paraspinal muscles of the thoracic spine. There was evidence of moderate muscular spasms along the paraspinal muscles and upper trapezius muscles bilaterally. Soto Hall test was positive and Schelpmann's was positive. Lumbosacral spine: There was normal lumbar lordosis. There was no evidence of scoliosis and no evidence of scarring or bruising. Examination revealed moderate tenderness of the paraspinal muscles upon palpation. There was evidence of paraspinal muscle spasm noted. Hypertonicity of the lumbar spine was present. The lower extremities were not functionally impaired and there was no gross evidence of comparative atrophy noted. Kemp test was positive bilaterally, straight leg-raising test positive bilaterally, and Bechterew test was positive bilaterally. Sensation testing was normal. PR-2 dated 08/29/2013 states the patient complains of constant, moderate to severe pain in the low back which radiates to the left leg. Moderate tenderness to palpation over the cervical, thoracic and lumbar spine was noted as well as an unknown positive ortho test (the handwritten document is almost illegible). The

treatment plan at this time was to continue acupuncture 2/week. PR-2 dated 10/09/2013 states the patient still has moderate to severe pain in the lower back with new complaints of tingling on his penis which started after the accident; neck pain is frequent and mid back pain is occasional. Additional findings include, moderate tenderness to palpation over the cervical, thoracic and lumbar spine paraspinals as well as reduced ranges of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: Based on the medical records provided for review the patient was documented to have been undergoing chiropractic care as of 08/06/2013. It is unknown from the records provided how many treatments/sessions the patient has had thus far. The patient has not improved with the current treatment received; the patient has present moderate to severe pain and new complaints of tingling. According to the Chronic Pain Medical Treatment Guidelines, if manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. The request for chiropractic care twice a week for six weeks is not medically necessary and appropriate.

Acupuncture twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS, acupuncture should be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, and reduce muscle spasm. Based on the medical records provided for review the patient was documented to have been undergoing acupuncture treatments as of 08/06/2013. It is unknown from the records provided how many treatments/sessions the patient has had thus far. The patient has not improved with the current treatment they have received. The patient was documented to have increased pain, decreased range of motion and muscle tenderness on examinations subsequent to the prior treatment. The request for acupuncture twice a week for six weeks is not medically necessary and appropriate.

Biofeedback twice a week for six weeks:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state there is "Insufficient scientific testing exists to determine the effectiveness of these therapies, but they may have some value in the short term if used in conjunction with a program of functional restoration. There is no indication in the records of measurable objective findings, response to treatment or the patients overall eagerness for recovery. The request for biofeedback twice a week for six weeks is not medically necessary and appropriate.