

Case Number:	CM13-0047652		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2011
Decision Date:	03/26/2014	UR Denial Date:	10/16/2013
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, has a subspecialty in Pain Medicine 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 injured worker is a 48-year-old who was initially involved in an industrial injury on November 2, 2011. The patient has undergone physical therapy and chiropractic treatment thus far. The injured worker has neck pain and shoulder pain. The physical examination indicates limited shoulder range of motion with pain on overhead activities. The cervical spine is positive for radiculopathy and numbness and tingling in the right upper extremity are noted. The disputed requests are for acupuncture and chiropractic treatment of the right shoulder and cervical spine. A utilization review determination recommended adverse determination. In regards to the chiropractic treatment, the reviewer cited that in the chronic phase, chiropractic treatment would be recommended at no more than 1 to 2 visits for every 4 to 6 months for parents/flat once treatment successes reviewed. With regard to the acupuncture, the guidelines recommend an initial trial of 4 to 6 visits of acupuncture in order to produce functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, two times per week for four weeks to the right shoulder: 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 Manipulation and Manual Therapy Section Page(s): 58-60.

Decision rationale: In the case of this injured worker, there is documentation of previous chiropractic therapy. However, a specific number of sessions have not been clarified. There is no documentation of functional improvement from previous manual therapy. The guidelines recommend six visits to document functional improvement, and a request for 8 sessions is in excess of guidelines. This request is recommended for noncertification.

Chiropractic treatment, two times per week for four weeks to the cervical spine: 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 Manipulation and Manual Therapy Section Page(s): 58-60.

Decision rationale: In the case of this injured worker, there is documentation of previous chiropractic therapy. However, a specific number of sessions have not been clarified. There is no documentation of functional improvement from previous manual therapy. The guidelines recommend six visits to document functional improvement, and a request for 8 sessions exceeds guidelines. This request is recommended for noncertification.

Acupuncture two times a week for four weeks to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In the case of this injured worker, there is uncertainty as to whether previous acupuncture therapy has been trialed for this injured worker. The utilization review has attempted to contact the requesting healthcare provider to ascertain this. No documentation of this is available within the submitted medical documentation. Furthermore, the request for 8 sessions is in excess of recommended guidelines for an initial trial. Since the independent medical review process cannot modify requests, and given the lack of documentation, this request is recommended for noncertification.

Acupuncture two times a week for four weeks to the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In the case of this injured worker, there is a cervical spine MRI which documents degenerative changes at multiple levels of the cervical spine especially affecting disc height. The primary treating physician's progress report is available for review on date of service

12/4/2013. The request for 8 sessions is in excess of recommended guidelines for an initial trial. There is also no documentation of the presence or absence of a previous trial of acupuncture therapy. Given the lack of documentation, this request is recommended for noncertification.