

Case Number:	CM13-0053096		
Date Assigned:	12/30/2013	Date of Injury:	11/05/2009
Decision Date:	03/12/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 30-year-old who was injured on November 5, 2009. She was running a cross-country meet when she stepped in a hole and jammed her hip, triggering the onset of pain in the left side of her back. The patient continued to experience lower back pain with occasional radiation to her posterior thighs. Physical examination showed right calf atrophy and slight weakness on plantar flexion. Prior surgeries included laminectomy and foraminotomy at L5-S1 and microdiscectomy and L5-S1. Diagnoses included post-laminectomy syndrome, lumbosacral neuritis, and sciatica. Treatments included physical therapy, home exercise, and medications. There is documentation that physical therapy had produced functional improvement. Requests for authorization for acupuncture to the lumbar spine twice weekly for 6 weeks and chiropractic therapy twice weekly for 6 weeks was received on October 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice per 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: Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. The Acupuncture Medical Treatment Guidelines states that acupuncture is not recommended for acute back pain, but is recommended as an option for chronic low back pain in conjunction with other active interventions. Acupuncture is recommended when use as an adjunct to active rehabilitation. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: 1) Time to produce functional improvement: 3 to 6 treatments. 2) Frequency: 1 to 3 times per week. 3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. Patients should show functional improvement within 3-6 treatments. In this case the patient had not had a trial of acupuncture to assess its effectiveness. Documentation of functional improvement with acupuncture is necessary before a course of treatments can be approved. The request for Acupuncture, twice per week for six weeks, is not medically necessary

Chiropractic care, twice per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on Official Disability Guidelines (ODG), Low Back Chapter, Lumbar and Thoracic Manipulation Sections

Decision rationale: Manipulation is recommended as an option. Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. The patient in this case had not had a trial to see if functional improvement could be achieved within a trial of 6 visits. The request was for 12 visits over 6 weeks. This surpasses the recommended number of visits for initial trial. The request for chiropractic care, twice per week for six weeks, is not medically necessary