

Case Number:	CM13-0060674		
Date Assigned:	12/30/2013	Date of Injury:	04/08/2013
Decision Date:	03/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic, has a subspecialty in Acupuncture 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 53-year-old male with a date of injury of 4/08/2013. The patient complained of low back pain with radiation into the buttocks, hamstrings, calf, and the bottom of both feet. The patient also noted numbness and tingling. According to the submitted progress report dated 7/1/2013, the patients physical findings included tenderness to palpation along the paraspinal muscles at L2-S1 bilaterally, positive for myospasms, and positive straight leg rise on the left lower extremity. The lumbar spine ranges of motion in degrees were flexion 35, extension 5, and bilateral lateral rotation 5. Plantar and dorsiflexion were 4/5 bilaterally. There was diminished deep tendon reflex on the left compared to the right. The patient was diagnosed with lumbar spine musculoligamentous injury with discopathy and lumbar spine radiculitis left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: According to the MTUS guidelines, chiropractic manipulation is recommended as a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. According to the UR dated 11/14/2013, the patient had completed 6 chiropractic sessions in May/June 2013. There was no documentation of functional improvement from chiropractic care in the submitted records. The guideline recommends additional sessions if there was evidence of objective functional improvement. Therefore, the provider's request for 12 additional chiropractic sessions is not medically necessary at this time.

Twelve (12) additional acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guideline states that acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to the UR dated 11/14/2013, the patient completed 12 acupuncture sessions. The progress report dated 11/04/2013 stated that acupuncture helps temporarily. There was no documentation of functional improvement as defined in section 9792.20(f) in the submitted medical records. Therefore, the provider's request for 12 additional acupuncture sessions is not medically necessary at this time.