

Case Number:	CM13-0066180		
Date Assigned:	01/03/2014	Date of Injury:	11/22/2012
Decision Date:	06/10/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 licensed in Chiropractic 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 hospital employee with an industrial injury on November 22, 2012. Medical records from 2013 were reviewed and showed persistent low back pain radiating to the bilateral lower extremities with numbness and tingling. Pain increases during activities. Examination of the lumbar spine shows tenderness to palpation. Muscle strength is 4/5. Range of motion is restricted due to pain (flexion 50^o, extension 15^o, right and left lateral bending 15^o). Medications include cyclobenzaprine, naproxen, ibuprofen and Terocin patch. Treatment to date includes oral and topical analgesics and skeletal muscle relaxants, chiropractic therapy, acupuncture, and physical therapy. The patient has had 27 sessions of chiropractic and 27 acupuncture sessions to date. Objective functional improvements were not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

7 SESSIONS OF CHIROPRACTIC TREATMENT (DOS: 9/12/2013, 9/17/2013, 9/19/2013, 9/24/2013, 9/26/2013, 10/01/2013 AND 10/03/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: According to page 58 of the Chronic Pain Medical Treatment Guidelines, chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended as an option for low back pain provided there is a trial of 6 visits over 2 weeks with evidence of objective functional improvement. In this case, the patient has had 27 chiropractic sessions to date however, functional gains were not objectively specified (i.e. specific activities of daily living). In addition, there was no specified body part indicated in this request. Continued chiropractic care is not recommended. Therefore, the request for 7 sessions of chiropractic treatment is not medically necessary.

7 SESSIONS OF ACUPUNCTURE (DOS: 9/9/2013, 9/11/2013, 9/16/2013, 9/18/2013, 9/23/2013, 9/25/2013 AND 9/30/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As stated in the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture is used as an option if pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten partial recovery. Medical documents do not indicate reduction or non-tolerance of pain medication. In addition, there was no specified body part indicated in this request. Continued acupuncture treatment is not recommended. Therefore, the request for 7 sessions of acupuncture is not medically necessary.