

Case Number:	CM13-0067367		
Date Assigned:	01/03/2014	Date of Injury:	08/17/2009
Decision Date:	06/23/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/17/2013

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 claimant is a 50-year-old male who sustained a work related injury on 8/16/2009. Per a progress report (PR-2) dated 12/4/2014, he complains of neck pain radiating from the neck down both arms and low back pain radiating down both legs. He says that his pain level has increased since his last visit and the pain is severe without Norco. He has difficulty sleeping. His primary diagnoses are lumbar radiculopathy, spinal/lumbar degenerative disc disease, cervical pain and low back pain. Prior treatment includes extensive acupuncture, extensive chiropractic, opioid and other oral medications, physical therapy, psychotherapy, and a home exercise program. He has had Norco held because of a failed urine toxin screen on 11/6/13. Prior acupuncture and chiropractic is stated to have been helpful in reducing medication and pain. The claimant has had acupuncture since 2009 and chiropractic since 2010. It states that the treatments were able to reduce his Norco from three (3) times a day to two (2) times a day. He had twelve (12) sessions of both chiropractic and acupuncture authorized on 10/4/2013. He also had another twelve (12) sessions of each starting in Jan 2013. There has been no change in work restrictions or functional improvement. Per a PR-2 dated 12/5/2012, the provider states that with regular acupuncture and chiropractic, the claimant is able to reduce Vicodin for up to two to three (2-3) days after the treatment. According to a medical legal report dated 5/29/2012, the physician reviewer states that prior acupuncture and chiropractic treatments appear to be entirely palliative in nature, with rather short lived benefit after each session. On 7/19/2012, the same physician recommends again that further sessions would not be necessary and that the claimant was permanent and stationary in regards to his musculoskeletal condition. She recommends that the claimant undergo psychotherapy and functional restoration program. On 12/16/2013, two (2) chiropractic visits and four (4) acupuncture visits were approved to deal with the flare-up on 12/4/2014.

There is no documentation of completion or of functional improvement from those authorized visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE AND NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation ACOEM 2009: Clinical Topics: ACOEM Pain, Suffering, and the Restoration of Function Chapter, Page 114.

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

Decision rationale: The Chronic Pain Guidelines indicate that further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had extensive chiropractic visits and also two (2) recently approved visits to deal with the flare-up. However the provider failed to document functional improvement associated with his chiropractic visits or a new flare-up. Therefore, twelve (12) additional chiropractic sessions are not medically necessary. Twelve (12) sessions exceed the recommended guidelines of one to two (1-2) visits for a flare-up. It is very likely that the claimant has exceeded the maximum limit of twenty-four (24) visits for chiropractic, according to the guidelines. Therefore, twelve (12) sessions are not necessary.

TWELVE (12) ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM 2009: Clinical Topics: ACOEM Pain, Suffering, and the Restoration of Function Chapter, Page 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant recently had four (4) acupuncture visits certified. However, the provider failed to document functional improvement associated with his most recently authorized acupuncture visits. The claimant has shown very little sustained functional improvement with acupuncture to justify twelve (12) further sessions. The claimant has had twenty-four (24) visits within a year of the request. According to the submitted documentation, acupuncture provides temporary relief and the ability to temporarily reduce medication for one to two (1-2) days. This has been repeated many times since 2009.

There is no evidence that further acupuncture would provide a different outcome. Therefore, further acupuncture is not medically necessary.