

Case Number:	CM13-0068067		
Date Assigned:	01/03/2014	Date of Injury:	04/30/2008
Decision Date:	06/19/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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, 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 62 year old female with a date of injury of 4/30/2008. According to the progress report dated 11/18/2013, the patient was being treated for her thoracic and lumbar spine. The patient reported that chiropractic is the only therapy that helps alleviate her symptoms. The pain was rated at 8-9/10. X-rays of the thoracic spine and lumbar spine reveal disc herniations of the lumbar spine at L5-S1. The patient was diagnosed with lumbago, lumbar disc displacement, and sprain to the thoracic region.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X6 LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment program guideline recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. Acupuncture may be extended if there is documentation of functional improvement. There was no evidence that the patient had prior acupuncture care. Based on the provided medical records, an initial trial of acupuncture is medically necessary at this time. However, the provider has requested acupuncture twice a week

for 6 weeks, exceeding the guidelines recommendaton of 3-6 visits. Therefore, the provider's request for 12 acupuncture sessions is not medically necessary at this time.

CHIROPRACTOR 2X6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The MTUS guideline recommends a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of functional improvement. Records indicate that the patient received at least 24 chiropractic sessions. The patient states that chiropractic is the only therapy that helps alleviate her symtoms. However, there was no documentation of functional improvement from prior chiropractic care. There were no changes to her objective findings. Therefore, the provider's request for additional chiropratic sessions 2 times a week for 6 weeks is not medically necessary at this time.