

Case Number:	CM14-0000438		
Date Assigned:	01/10/2014	Date of Injury:	09/28/2012
Decision Date:	06/19/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 46-year-old female with date of injury of 09/28/2012. The listed diagnosis per [REDACTED] dated 11/20/2013 is lumbosacral sprain. According to the report, the patient has received 6 sessions of acupuncture with much improvement. She was supposed to receive chiropractic manipulation, but that has not been done in combination with the acupuncture and epidural steroid injection. The provider notes states, "She is back and improved." The physical exam shows full range of motion with pain at the time of the ends of motion with pain and swelling in her back. There are no other significant findings noted in the physical examination. The utilization review denied the request on 12/16/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION, TWELVE (12) SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: This patient presents with back pain. The provider is requesting 12 chiropractic sessions. The California MTUS Guidelines page 58 and 59 on manual therapy and manipulation states, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain." In addition, a trial of 6 visits over 2 weeks is recommended for low back pain. Furthermore, for up to 18 visits with evidence of functional improvement. The report dated 11/20/2013 documents, "She was supposed to have chiropractic manipulation, but that has not been done in combination with the acupuncture and epidural injection was authorized, but that has not been done either." The review of reports does not show that the patient has trialed chiropractic treatment. In this case, the patient can benefit from a trial of chiropractic care; however, the requested 12 sessions exceeds MTUS recommendation of 6 initial visits. Recommendation is for denial.

ACUPUNCTURE THERPAY, TWELVE (12) SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with back pain. The provider is requesting 12 additional acupuncture therapy sessions. The California MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, California MTUS states that an initial trial of 3 to 6 visits is recommended. Furthermore, treatments may be extended if functional improvement is documented. The progress report dated 11/20/2013 documents, "She has been going to acupuncture and she has had 6 sessions with much improvement...Since the patient is improving, we need to continue with the improvement. She will be evaluated and returned back to work." In this case, the provider has documented significant functional improvement while utilizing acupuncture therapy. Given that the patient has trialed acupuncture with significant relief and functional improvement, recommendation for the 12 additional acupuncture therapy sessions is for authorization.