

Case Number:	CM14-0005837		
Date Assigned:	02/05/2014	Date of Injury:	04/16/2002
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine, 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 58-year-old female who has submitted a claim for lumbosacral neuritis, lumbago, and spondylolisthesis associated with an industrial injury date of April 16, 2002. Medical records from 2013 were reviewed. Patient complained of persistent lower back pain that was aggravated by normal movements. Physical examination showed tenderness from the middle to the distal lumbar segments, positive seated nerve root test, and dysesthesia at the L5 and S1 dermatomes. Treatment to date has included NSAIDs, analgesic ointments, muscle relaxants, chiropractic sessions, acupuncture, physical therapy, and lumbar epidural steroid injection. Utilization review from December 24, 2013 denied the requests for 6 sessions of physiotherapy/chiropractic care and 6 sessions of acupuncture for persistence of pain, failure to document patient's response, number of sessions completed, and functional gains from previous chiropractic and acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY / CHIROPRACTIC CARE, ONE (1) TIME PER WEEK FOR SIX (6) WEEKS (SIX (6) SESSIONS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 98-99.

Decision rationale: Pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification based upon the patient's progress in meeting those goals, and monitoring by the physician is paramount. In this case, there were reports of previous physical therapy sessions since May 2013 with symptomatic relief. However, there was no documentation in terms of total number of sessions completed, and functional gains. In addition, the request did not indicate the body part to be treated. It is unclear whether physical therapy or chiropractic manipulation is requested. Therefore, the request for physiotherapy/chiropractic care, one (1) time per week for six (6) weeks is not medically necessary.

ACUPUNCTURE, ONE (1) TIME PER WEEK FOR SIX (6) WEEKS (SIX (6) SESSIONS): 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: According to the Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated. It can be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, inflammation, and muscle spasms. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, there were reports of previous acupuncture sessions since May 2013 with symptomatic relief. However, there was no documentation in terms of total number of sessions completed, and functional gains. In addition, the request did not indicate the body part to be treated. Therefore, the request for acupuncture, one (1) time per week for six (6) weeks is not medically necessary.