

Case Number:	CM14-0006985		
Date Assigned:	02/07/2014	Date of Injury:	06/29/2009
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology has a subspecialty in Pain Management 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 has submitted a claim for chronic pain syndrome, trochanteric bursitis, and plantar fasciitis; associated from an industrial injury date of 06/29/2009. Medical records from 01/17/2013 to 01/15/2014 were reviewed showing that the patient complained of intermittent neck, back, and hip pain that has improved with acupuncture and chiropractic therapy. There was increased tolerance to pain, and the patient felt no need for oral medication. Physical examination showed cervical, right lateral hip, intertrochanteric bursa area, and plantar tenderness. There was no limitation of movement. Sensation was intact. MRI of right foot on 10/03/2013 showed peroneal tendinosis and degenerative joint disease at the talar dome. Treatment to date has included chiropractic and acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL ACUPUNCTURE VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to

hasten functional recovery. CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture treatments may be extended if functional improvement is documented. In this case, 6 sessions of acupuncture were certified on 10/01/2013, and patient claims improvement of symptoms after the sessions. However, medical records reviewed presented no objective evidence of functional improvement; she still has intolerance to prolonged sitting and walking. Furthermore, the request failed to specify the body part to be treated. Therefore, the request for 6 additional acupuncture visits is not medically necessary and appropriate.

6 ADDITIONAL CHIROPRACTIC VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Manual Therapy And.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES §§9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: As stated on pages 58-60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain caused by musculoskeletal conditions. Manipulation for the low back is recommended primarily as a trial of 6 visits and with evidence of objective functional improvement, a total of up to 18 visits. In this case, 6 sessions of chiropractic therapy were certified on 10/01/2013, and patient claims improvement of symptoms after the sessions. However, medical records reviewed presented no objective evidence of functional improvement; she still has intolerance to prolonged sitting and walking. Furthermore, the request failed to specify the body part to be treated. Therefore, the request for 6 additional chiropractic visits is not medically necessary and appropriate.