

Case Number:	CM14-0007320		
Date Assigned:	02/10/2014	Date of Injury:	08/18/2010
Decision Date:	07/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/20/2014

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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old male who reported an injury on 08/18/2010 after being struck by a falling cabinet. Current diagnoses include lumbar facet syndrome, thoracalgia, cervicobrachial syndrome, muscle spasm, cervical myalgia/myositis, posttraumatic anxiety with depression, and posttraumatic insomnia. The injured worker was evaluated on 12/17/2013. The injured worker reported persistent lower back, mid back, upper back, right posterior neck, and bilateral elbow pain with anxiety and insomnia. Physical examination on that date revealed limited cervical range of motion, limited lumbar range of motion, limited shoulder range of motion, tenderness to palpation in the cervical spine, tenderness to palpation of the right shoulder, discomfort and pain in the triceps tendon bilaterally, tenderness to palpation in the lumbar spine with trigger points, positive straight leg raise bilaterally, positive Kemp's testing bilaterally, tenderness to palpation in the thoracic spine with myofascial trigger points, and 5/5 lower extremity strength. Treatment recommendations at that time included acupuncture once per week for 6 weeks and chiropractic adjustments twice monthly.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 X PER WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. As per the documentation submitted, the injured worker has previously participated in acupuncture therapy. However, there was no documentation of objective functional improvement that would warrant the need for ongoing treatment. There is also no specific body part listed in the current request. Therefore, the request is not medically necessary.

CHIROPRACTIC SESSION 2X PER MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended if caused by a musculoskeletal condition. Treatment for the spine is recommended as a therapeutic trial of 6 visits over 2 weeks. There is no specific body part listed in the current request. The total duration of treatment was also not listed. Therefore, the current request is not medically appropriate. As such, the request is not medically necessary.

MRI (MAGNETIC RESONANCE IMAGE) OF THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42, 43.

Decision rationale: California MTUS/ACOEM Practice Guidelines state the criteria for ordering imaging studies for the elbow includes the emergence of a red flag, failure to progress in a rehabilitation program, and only if the imaging study results will substantially change the treatment plan. As per the documentation submitted, there is no evidence of the emergence of any red flags for serious pathology. Physical examination of bilateral elbows only revealed slightly diminished right and left supination. As the medical necessity has not been established, the current request is not medically appropriate. As such, the request is not medically necessary.