

Case Number:	CM14-0007977		
Date Assigned:	02/07/2014	Date of Injury:	12/05/2012
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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:

This is a 49-year-old female with a 12/5/12 date of injury to her low back while working at Macy's as a sales associate. She felt a sharp pain in her low back after picking up a cabinet door. The patient subsequently had physical therapy and acupuncture, which helped the patient's pain but only temporarily. She tried NSAIDS with no relief. The patient was seen on 12/16/13 with complaints of low back pain as well as pain in the neck and left shoulder. It was noted that physical therapy, acupuncture, and heat decrease her pain. Exam findings of the lumbar spine revealed paralumbar tenderness and spasm with decreased range of motion. Some weakness was noted in the L5/S1 myotomes on the right, 5-/5. An MRI dated 4/18/14 released significant spondylosis. Plain films on that visit date revealed significant disc degeneration at L4/5 and anterior osteophytic spurring at L3/4. The diagnosis is LS sprain and lumbar spondylosis. A UR decision dated 1/6/14 denied the request for chiropractic therapy given there was no indication of whether the patient has been started in physical therapy. In addition, there was no evidence of acute neurologic or orthopedic impairments that warrant chiropractic treatments. The request for acupuncture was denied as there was sparse information regarding physical exam and no evidence of impairments that required acupuncture therapy. The request for an ASPEN quick draw brace was denied given there was no evidence of orthopedic or neurologic impairments that would require such a brace in addition to sparse physical exam info.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 3 X4 TO LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. This patient has had a history of physical therapy and it is unclear if she is still involved with physical therapy at this juncture. MTUS does not support more than one physical modality at a time given the difficulty in assessing benefit of each modality. As of 12/16/13 the patient notes that physical therapy and acupuncture help to decrease her pain, and it is unclear if she was already undergoing these treatments or not at that time. Given the lack of clarity regarding whether the patient is currently in a physical modality of therapy, the request for chiropractic care was not medically necessary.

ACUPUNCTURE LUMBAR 3X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114)

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. This patient is noted to have a history of acupuncture, the notes of which were not provided. In addition, prior sessions of acupuncture were noted to give her temporary results. As the documentation states the patient received only temporary benefit from this therapeutic modality in 2012, the sessions this patient has had to date are unknown, and the acupuncture notes were not made available for review, the request for acupuncture lumbar 3x4 was not medically necessary.

ASPEN QUICK DRAW BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, LUMBAR BRACE

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. While this patient apparently has spondylolisthesis of the L spine, there is no documented instability and the imaging reports were not made available for review. In addition, an L spine brace is not recommended for prevention. Therefore, the request for an ASPEN Quick Draw collar was not medically necessary.