

Case Number:	CM14-0103214		
Date Assigned:	07/30/2014	Date of Injury:	10/13/2012
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Pain Medicine and is licensed to practice in Texas. 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 56 year old male whose date of injury is 10/13/2012. Progress note dated 06/11/14 indicates that the injured worker's low back pain has flared up and is rated as 7/10 on the visual analog scale. Physical examination notes that lumbar range of motion is 50% of normal. There is a sensory deficit in the bilateral L5-S1 distribution. The injured worker is noted to be status post 3 level cervical fusion in January of 2013. The injured worker noted to be status post right knee arthroscopy on 01/22/14. Diagnoses are acute left wrist arthropathy/TFCC (Triangular Fibrocartilage Complex) tear, acute left elbow arthropathy/tendonitis, and lumbar disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Chiropractic visits for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for six (6) chiropractic visits for low back is not recommended as medically necessary. There is no

comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear if the injured worker has undergone prior chiropractic treatment. The request is excessive as CAMTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided. Therefore, the request for six (6) Chiropractic visits for low back is not medically necessary and appropriate.

Six (6) Acupuncture visits for low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for Six (6) Acupuncture visits for low back is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear if the injured worker has undergone prior acupuncture treatment. There are no specific, time-limited treatment goals provided. The injured worker's compliance with an active home exercise program is not documented. Therefore, the request of six (6) Acupuncture visits for low back is not in accordance with CAMTUS Acupuncture Guidelines, and medical necessity is not established.