

Case Number:	CM14-0103215		
Date Assigned:	07/30/2014	Date of Injury:	09/20/2013
Decision Date:	08/29/2014	UR Denial Date:	06/22/2014
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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year old female was reportedly injured on September 20, 2013. The mechanism of injury is noted as a fall. The most recent progress note dated March 11, 2014 indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated decreased lumbar spine range of motion and full range of motion of the cervical spine. No neurological examination was performed. Diagnostic imaging studies were not reviewed during this visit. Previous treatments include acupuncture and physical therapy. A request was made for a stimulation stop (STP) consult/acupuncture for thirty visits for the shoulders and twelve visits of chiropractic care for the back and was not certified in the preauthorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stimulation stop (STP) Consult/Acupuncture with adjunct procedures/modalities for 30 visits to the shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: According to the California Chronic Pain Medical Treatment (MTUS) Guidelines acupuncture is intended to be used as an option when pain medication is reduced or not tolerated and as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additionally, re-evaluation of the efficacy of acupuncture should be performed after the initial three to six treatments. As the attached medical record contains no evidence that pain medication is reduced or not tolerated and that this request is for thirty visits. This request for stimulation stop (STP) consult/acupuncture with adjunct procedures/modalities thirty visits, shoulders is not medically necessary.

Chiropractic consult and treat times 12 visits for the back: 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 Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of six visits over two weeks with the evidence of objective functional improvement, and a total of up to eighteen visits over sixteen weeks is supported. As this request is for twelve visits and exceeds the recommended number of six initial trial visits, this request for chiropractic consultation for the back is not medically necessary.