

Case Number:	CM14-0109083		
Date Assigned:	09/16/2014	Date of Injury:	04/19/2013
Decision Date:	11/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 and is licensed to practice in Tennessee, North Carolina and Georgia. 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 62-year-old female who reported an injury on 04/19/2013 due to a fall. The injured worker had diagnoses of lumbar spine mild degenerative disc disease and facet arthropathy, persistent severe low back pain with left radicular pain, left sacroiliac joint dysfunction, lumbar spine sprain/strain, and chronic pain syndrome. Medical treatment plan consisted of chiropractic therapy, the use of a TENS unit, physical therapy, acupuncture therapy, and medication therapy. Medications included Butrans patches, Flexeril, trazodone, and Celebrex. An MRI of the lumbar spine, taken 04/20/2014, revealed multilevel disc/endplate degeneration; at L3-4, a 1 to 2 mm disc extrusion, minimally encroaching on axillary recess; at L5-S1, a 10 mm far left lateral disc extrusion, minimally abutting the left L5 nerve root; and L4-5 moderate and L5-S1 and L3-4 facet arthropathy. On 06/23/2014, the injured worker complained of low back pain. The physical examination revealed the cervical spine had full range of motion. The lumbar spine had very limited range of motion due to pain. The straight leg raise test was positive on the left side and negative on the right side. Manual muscle strength testing in the bilateral upper and lower limbs was 5/5 with normal tone, but with some giveaway weakness at the left leg due to pain. Sensation was intact to light touch and pinprick in the bilateral upper and lower limbs, except decreased at the left posterior and lateral thigh and leg. Muscle strength reflex was 2+ and symmetrical in the bilateral upper and lower limbs. Patrick's test was positive at the left sacroiliac joint and negative at the right sacroiliac joint and bilateral hips. On palpation, there was tenderness in the lumbar spine paraspinal muscles, the left sacroiliac joint, left shoulder, and lower sacrum area. The medical treatment plan was for the injured worker to continue with chiropractic and acupuncture therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic X 6 Sessions Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Physical Medicine Chiropractic Page(s): 58.

Decision rationale: The request for Chiropractic X 6 Sessions Lumbar Spine is not medically necessary. The California MTUS guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. It was noted in the documentation that the injured worker underwent prior chiropractic therapy. The submitted documentation lacked efficacy of prior therapy. Additionally, it was not submitted in the report how many prior therapy sessions the injured worker had completed to date. Furthermore, there was no rationale provided to warrant the continuation of therapy. Given the above, the injured worker not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Acupuncture X 6 Sessions Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture X 6 Sessions Lumbar Spine is not medically necessary. According to the MTUS "Acupuncture" is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The submitted documentation did not indicate the efficacy of the prior acupuncture sessions. Additionally, there was no rationale submitted for review to warrant the continuation of additional sessions of therapy. Given the above, the injured worker not within the recommended guideline criteria. As such, the request is not medically necessary.