

Case Number:	CM14-0016528		
Date Assigned:	03/05/2014	Date of Injury:	07/01/2009
Decision Date:	07/02/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgery 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:

The patient is a 58-year-old female whose date of injury is 01/15/2014. The submitted records indicate that the patient had previous work-related injuries on 01/01/04 when she injured her back and right thigh; cumulative trauma injury from 07/01/08 through 07/01/09 to the cervical spine, bilateral shoulders and bilateral wrists and hands; 04/16/10 when she injured her bilateral wrists and lumbar spine; as well as 01/04/11 when she injured her right knee. The peer review report dated 01/14/14, indicates that the patient has had twelve (12) visits of chiropractic and acupuncture to date. Additional acupuncture and chiropractic treatment was non-certified noting that guideline criteria have not been met. Functional improvement from previous visits have not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE FOR THE LUMBAR SPINE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: 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 additional acupuncture two (2) times a week for six (6) weeks for the lumbar spine is not recommended as medically necessary. There are no current clinical records submitted for review. There is no current, detailed physical examination submitted for review. There are no specific, time-limited treatment goals provided. The patient has reportedly undergone twelve (12) acupuncture visits to date. The Acupuncture Medical Treatment Guidelines note that the optimum duration of treatment is one to two (1-2) months, and there is no clear rationale provided to support exceeding this recommendation.

ADDITIONAL CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE, TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that manual therapy and manipulation for the low back is recommended as an option. Therapeutic care involves a trial of six (6) visits over two (2) weeks, with evidence of objective functional improvement, total of up to eighteen (18) visits over six to eight (6-8) weeks. Based on the clinical information provided, the request for additional chiropractic sessions two (2) times a week for six (6) weeks for the lumbar spine is not recommended as medically necessary. There is insufficient clinical information provided to support this request. There are no current clinical records submitted for review. There is no current, detailed physical examination submitted for review. There are no specific, time-limited treatment goals provided. The patient's compliance with an active home exercise program is not documented.