

Case Number:	CM14-0017255		
Date Assigned:	04/14/2014	Date of Injury:	02/26/2013
Decision Date:	09/09/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 62-year-old female with a 2/26/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 1/15/14, the patient complained that her head hurt after she had an adjustment. Pain in bilateral knees rated 7/10, bilateral hands 7/10 on and off. Her neck pain radiated to bilateral shoulder and upper back rated 7/10 on pain scale. Her pain increased with movement and stress. Objective findings: right knee tenderness and numbness, left knee tenderness and numbness. Diagnostic impression: traumatic brain injury, cervical spine sprain/strain, both hands sprain/strain, both wrists sprain/strain, lumbar sprain/strain, both knees sprain/strain, bilateral hip strain. Treatment to date: medication management, activity modification, acupuncture, chiropractic treatment. A UR decision dated 1/29/14 modified the request for acupuncture 1 x 4 for neck and low back to 3 sessions and chiropractic 2 x 4 for neck and low back to 3 sessions and denied the request for urine analysis. Regarding acupuncture, a modified number of 3 sessions is indicated to allow for functional improvement and/or a decrease in pain. Regarding chiropractic therapy, a modified number of 3 sessions is indicated to allow for functional improvement and/or a decrease in pain. Regarding urine analysis, there is no evidence of opioid therapy or evidence of high risk for drug addiction.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 1 X 4 NECK AND LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics; 9792.24.1 Acupuncture Medical Treatment Guidelines page 1 Page(s): 1. 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. It is documented in a note from 7/31/13 that the patient is to continue acupuncture therapy. However, there is no documentation as to how many sessions the patient has already completed. In addition, there is no documentation as to functional improvement or pain reduction from the prior acupuncture therapies. Therefore, the request for Acupuncture 1 X 4 Neck and Low Back was not medically necessary.

CHIROPRACTIC 2 X 4 NECK AND LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines 9792.23.1 Neck and Upper Back Complaints; 9792.23.5 Low Back Complaints; 9792.24.2 Manual Therapy and manipulation page 58 Page(s): 58.

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. Not to mention, elective/maintenance care is not medically necessary. It is documented in a note from 7/31/13 that the patient is to continue chiropractic therapy. However, there is no documentation as to how many sessions the patient has already completed. In addition, there is no documentation as to functional improvement or pain reduction from the prior chiropractic sessions. Therefore, the request for Chiropractic 2 X 4 Neck and Low Back was not medically necessary.

URINE ANALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines 9792.24.2 page(s) 43, 78 Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the reports provided for review, there is no documentation that the patient is utilizing chronic opioid therapy. It is unclear why the provider is requesting a urine analysis at this time. Therefore, the request for Urine Analysis was not medically necessary.