

Case Number:	CM14-0019191		
Date Assigned:	04/21/2014	Date of Injury:	06/28/2007
Decision Date:	09/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & 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 28-year-old gentleman was reportedly injured on June 28, 2007. The mechanism of injury was noted as lifting a case of bottled water. The most recent progress note, dated January 28, 2014, indicated that there were ongoing complaints of lumbar spine pain. The physical examination demonstrated decreased range of motion of the lumbar spine and a negative straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included injections, home exercise, acupuncture, chiropractic care, swimming, and physical therapy. A request had been made for acupuncture and chiropractic care for the lower back and was not medically necessary in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, x12 visits, for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the available medical record, the injured employee has previously received acupuncture treatment. The efficacy of these previous treatments is

unknown. Additionally, acupuncture is only indicated when pain medication is reduced or not tolerated. Considering this, the request for 12 visits for acupuncture for the low back is not medically necessary.

Chiropractic medicine referral x6 visits to the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The California MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks are supported. A review of the available medical records indicates that the injured employee has previously received chiropractic care and efficacy of this care is unknown. Considering this, the request for six visits of chiropractic care for the low back is not medically necessary.