

Case Number:	CM14-0121237		
Date Assigned:	08/01/2014	Date of Injury:	12/14/2012
Decision Date:	09/17/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 40 year old female [REDACTED] teacher who sustained an industrial injury on 12/14/2012. She reportedly tripped and fell while walking to an elevator, and sprained her back, hip and legs. She has prior history of lumbar surgery (before her DOI) Treatment to date has included chiropractic, acupuncture, physical therapy and medications. The patient has had 24 sessions of acupuncture approved, and an unknown number of chiropractic sessions. A 5/10/2014 lumbar spine MRI provided the impressions: 1. Post-surgical changes at lower lumbar spine, with probable granulation tissue posterior to right lamina at L5-S1 level; 2. There is no definite evidence of nerve root compression; 3. There is no significant spinal stenosis, although foraminal narrowing is seen at a few levels. A letter dated 6/27/2014 signed by the patient states the treatments of acupuncture and chiropractic helped manage her pain and as a result improve her overall functioning capabilities. According to a prior peer review dated 7/18/2014 by [REDACTED], the requested chiropractic and acupuncture 2x3 for lumbar spine was non-certified. Per the report, the patient had a follow up with PTP, [REDACTED] on 7/7/2014. She has history of neck and back injury. She complained of increased pain in the neck, shoulders, arms, back, legs and chest with numbness and tingling in the upper extremities from "having to push back a file cabinet on 6/5/2014," injuring her neck and right shoulder. She presents with 7/10 pain in the right shoulder, neck, back and both legs. Examination documents lower back: no paralumbar spasm, tenderness over the lumbar paraspinal muscles, positive SLR bilaterally, and limited ROM. Imaging of the cervical spine was reviewed. The patient was asking to add neck to her claim. Evidence of compression neuropathy in the upper extremities was present, also not part of the claim. Plan: acupuncture for lower back and neck 2x3; topical cream, medications, consider LESI. The requests we non-certified because the records did not document symptom flare up,

prior chiropractic care did not provide any functional benefits, patient had 24 acupuncture session, and no functional improvement was noted after the prior 24 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic lumbar spine and neck #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS guidelines recommend Manual therapy & manipulation for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. These treatments are elective/maintenance care, not medically necessary. Recurrences/flare-ups, need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Although the letter from Ms. Yoo, with the lumbar spine MRI results are appreciated, it is not clear how many chiropractic sessions the patient has received to date, and the medical records do not provide evidence that establishes the patient has obtained clinically significant objective functional improvement with prior chiropractic care. In addition, it is not evident that the patient has recently presented with a significant exacerbation or flare-up with reduced function that has failed to respond to self-directed care of HEP and activity modification. There is no mention of active utilization of any self-care plan with HEP, for self-management of her remote injury. Elective/maintenance care is not medically necessary. Given these factors, the medical necessity of chiropractic care has not been established. Therefore the requested chiropractic sessions are not medically necessary.

Acupuncture lumbar spine and neck #6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. According to the guidelines, "Acupuncture" is used as an option when pain

medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. This criterion has not been established in the case of this patient. Although the letter from Ms. Yoo, and the lumbar spine MRI results are appreciated, the patient has had at least 24 approved acupuncture sessions. She has already attended for the optimum duration of treatment of 1-2 months. The medical records do not provide evidence that establishes the patient has obtained clinically significant objective functional improvement with prior acupuncture care. The records do not detail when the patient last attended acupuncture. The guidelines state acupuncture treatments may be extended if functional improvement is documented. However, the medical records do not document that the patient obtained objective functional improvement with the prior acupuncture, such as decrease in pain level, medication use and improved function, as a result of prior acupuncture treatment. There is no mention of active utilization of any self-care plan with HEP, for self-management of her remote injury. Given these factors, the medical necessity of acupuncture has not been established. Therefore the requested Acupuncture sessions are not medically necessary.