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| Case Number: | CM14-0135340 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 09/07/2012 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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, has a subspecialty in Pain Management 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 patient with a date of injury of September 7, 2012. A utilization review determination dated July 30, 2014 recommends non-certification of lumbar spine and left knee acupuncture and lumbar spine and left knee chiropractic treatment. Non-certification of chiropractic and acupuncture treatment was due to a lack of documentation of objective functional improvement from recent chiropractic and acupuncture treatment. A progress note dated July 11, 2014 identifies subjective complaints indicating low back pain that radiates into the lower extremities rated as 7/10. Additionally, the patient has left knee pain with some swelling and buckling. The patient's knee pain is rated as 8/10. Objective findings identify tenderness at the joint line of the knee with positive patellar grind test and positive McMurray's test. There is crepitus with range of motion. Normal strength is noted. The lumbar spine examination reveals restricted range of motion with tenderness to palpation and spasm present in the lumbar spine. Sensation and strength are normal. The diagnoses include a lumbar disc disorder, internal derangement of the knee, and lumbago. The treatment plan recommends chiropractic care for the lumbar spine and knee 2 times a week for 6 weeks. Acupuncture is recommended for the lumbar spine and need once a week for 6 weeks. The patient is pending authorization for left knee arthroscopy. A progress report dated February 10, 2014 indicates that the patient has previously undergone Chiropractic Care, Physical Therapy, and Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine and left knee acupuncture treatment 1 x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule, Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Furthermore, it is unclear what objective functional improvement was obtained with previous acupuncture and chiropractic treatments. Additionally, it appears the requesting physician is pursuing surgical intervention. If the requesting physician feels that conservative treatment has been unsuccessful and therefore surgery is warranted, it is unclear why additional chiropractic care and acupuncture are being requested. In the absence of clarity regarding those issues, the currently requested additional Acupuncture is not medically necessary.

Lumbar spine and left knee chiropractic treatment 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Furthermore, it is unclear what objective functional improvement was obtained with previous acupuncture and chiropractic treatments. Additionally, it appears the requesting physician is pursuing surgical intervention. If the requesting physician feels that conservative treatment has been unsuccessful and therefore surgery is warranted, it is unclear why additional chiropractic care and acupuncture are being requested. In the absence of clarity regarding the above issues, the currently requested Chiropractic Care is not medically necessary.

