

Case Number:	CM14-0135395		
Date Assigned:	08/29/2014	Date of Injury:	12/15/2005
Decision Date:	11/05/2014	UR Denial Date:	08/01/2014
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 Internal Medicine, and is licensed to practice in Georgia. 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 injured worker is a 39-year-old male, who reported injury on 12/15/2005. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar radiculitis and lumbar degenerative joint disease. The injured worker's past treatments included ESI, medications, and physical therapy. The injured worker's diagnostic testing was not provided. The injured worker's surgical history was not provided. On the clinical note dated 05/01/2014, the injured worker complained of pain rated 2/10 at best, 8/10 at the worst in bilateral shoulder with occasional headaches. The injured worker had 50% less headaches and less intensity. Cervical spine range of motion continued to improve globally. The injured worker had 75% less paresthesia down bilateral upper extremities. The medical records indicated the injured worker lacks tolerance for full activities of daily living and work related duties. The injured worker's medications included hydrocodone 10/325 mg (frequency not provided). The request was for chiropractic treatment to the lumbar spine and acupuncture treatment to the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine, 2 times a week for 6 weeks, QTY: 12 sessions:
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 Chiropractic Therapy Page(s): 58-60.

Decision rationale: The request for chiropractic treatment for the lumbar spine, 2 times a week for 6 weeks, qty: 12 sessions is not medically necessary. The injured worker is diagnosed with lumbar radiculitis and lumbar degenerative joint disease. The injured worker complained of pain rated 2/10 at best and 8/10 at worst in the bilateral shoulder with headaches. The California MTUS Guidelines recommend chiropractic therapy for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in 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. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. The injured worker completed 12 sessions of physical therapy. There is a lack of documentation that demonstrates that conservative care has failed to provide relief. The medical records lack indication of a significant change in symptoms or findings that indicate significant pathology. Low back chiropractic therapy is recommended as an option for therapeutic care, a trial of 6 visits over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The request is for 12 sessions, which exceeds the recommendation of trial of 6 visits. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is lack of documentation indicating the efficacy of the physical therapy sessions. The requesting physician did not provide a recent clinical note with an assessment of the injured worker's condition. There is a lack of documentation that indicates significant objective functional deficits to warrant chiropractic therapy. As such, the request for chiropractic treatment for the lumbar spine, 2 times a week for 6 weeks, qty: 12 sessions is not medically necessary.

Acupuncture treatment for the lumbar spine, 2 times a week for 6 weeks, QTY: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture treatment for the lumbar spine, 2 times a week for 6 weeks, qty: 12 sessions is not medically necessary. The injured worker is diagnosed with lumbar radiculitis and lumbar degenerative joint disease. The injured worker complained of bilateral shoulder and occasional headache pain rated 2/10. The California MTUS/Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines state time to produce functional improvement is 3 to 6 treatments. The recommended frequency of 1 to 3 times per week for 1 to

2 months is recommended. The request is for 12 sessions, which the guidelines recommend 3 to 6 treatments. The injured worker has attended 12 physical therapy sessions. The requesting physician did not provide a recent clinical note with an assessment of the injured worker's condition. There is a lack of documentation that indicates significant objective functional deficits to warrant acupuncture. There is lack of documentation indicating improved pain rating from physical therapy. As such, the request for acupuncture treatment for the lumbar spine, 2 times a week for 6 weeks, qty: 12 sessions is not medically necessary.