

Case Number:	CM14-0138032		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2013
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 25-year-old with a reported date of injury of 02/01/2013 that occurred while pulling on a heavy gate. The patient has the diagnoses of thoracic pain. Per the most recent progress notes provided by the primary treating physician dated 03/26/2014, the patient had complaints of ongoing middle back pain. The physical exam noted tenderness to palpation in the thoracic spine. Treatment recommendations included continued chiropractic care. Previous MRI (dates not included) showed minor disk protrusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Manual therapy & manipulation Page(s): 58.

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

Decision rationale: The California chronic pain medical treatment guideline section on manual therapy and manipulation states: Recommended 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines; a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. b. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance. At the time of request the patient had already undergone over 6 treatment sessions for a duration of greater than 8 weeks. The patient has ongoing thoracic pain with no evidence of significant improvement in pain or function through the chiropractic care. The criteria set forth above for continuation of chiropractic care have not been met. Therefore the request is not medically necessary.

Acupuncture x6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 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 surgical intervention. Indications for acupuncture include the following: 1. Neck and upper back complaints; 2. Pain suffering and the restoration of function: Time to produce functional improvement is 3-6 treatments, Optimum duration is 1-2 months. Frequency is 1-3 times per week. This patient has ongoing thoracic pain. There is no documentation of chronic pain medications so there is no needed reduction or documentation of intolerance. The requested amount falls within guideline parameters. For these reasons the request is medically necessary.