

Case Number:	CM14-0163920		
Date Assigned:	10/09/2014	Date of Injury:	11/05/2012
Decision Date:	11/10/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Pain Medicine 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 male patient with a date of injury of November 5, 2012. A utilization review determination dated September 15, 2014 recommends non-certification of acupuncture 2x4, intense neurostimulation therapy 6 sessions, and chiropractic treatment 2x4. A progress note dated July 7, 2014 identifies subjective complaints of constant, moderate, dull, achy, sharp low back pain that is aggravated by standing and walking. The patient also complains of intermittent moderate, dull, achy, sharp left knee pain that is associated with walking. The patient also complains of intermittent moderate dull, achy left ankle pain. Physical examination identifies lumbar spine range of motion (ROM) that is decreased and painful. There is tenderness to palpation of the lumbar paravertebral muscles, and straight leg raise is positive bilaterally. Left knee range of motion is decreased and painful. Left ankle range of motion is painful and there is tenderness to palpation. The diagnoses include lumbar disc protrusion, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left knee pain, left knee sprain/strain, left Achilles tendinitis, and left ankle sprain/strain. The treatment plan recommends awaiting cardiorespiratory report for review, awaiting ESWT for left Achilles tendinitis, awaiting left knee MRI, awaiting orthopedic consult, awaiting pain management consult, referral to a medical doctor for medication, request authorization for physical therapy 2x4, referral to acupuncture 2x4 to increase range of motion, increase activities of daily living, and decreased pain, and awaiting LINT (Localized Intense Neurostimulation Therapy) for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture

Decision rationale: Regarding the request for acupuncture 2x4, the California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is 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 what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for 8 visits exceeds the 6 visit trial recommended by guidelines. As such, the currently requested acupuncture 2x4 is not medically necessary.

6 Sessions Localized Intense Neurostimulation Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines Low Back Chapter, Localized High-In.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 and 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter, Hyperstimulation Analgesia

Decision rationale: Regarding the request for localized intense neurostimulation therapy 6 sessions, it is noted that the provider is requesting LINT. California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the California MTUS, ACOEM, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. ODG states that this treatment is not recommended. Within the documentation available for review, no documentation was provided identifying that this treatment provides improved outcomes as compared to other evaluation/ treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested localized intense neurostimulation therapy 6 sessions is not medically necessary.

Chiropractic Treatment 2x4: Upheld

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

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

Decision rationale: Regarding the request for chiropractic treatment 2x4, 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. Additionally, the currently requested 8 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested chiropractic treatment 2x4 is not medically necessary.