

Case Number:	CM14-0165227		
Date Assigned:	10/10/2014	Date of Injury:	04/05/2014
Decision Date:	12/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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 51-year-old male with a 4/5/14 date of injury. The mechanism of injury occurred while he was moving a 300 pound piece of metal and hurt his back. According to a progress report dated 9/25/14, the patient complained of right shoulder pain rated as a 7 being the lowest level of pain and 10 being the maximum level of pain. The patient's current treatment modalities include medications, transdermal creams, acupuncture care, and chiropractic care, which are somewhat helpful. Objective findings: positive impingement test on right shoulder, spasms noted over the thoracic spine. Diagnostic impression: right shoulder impingement syndrome, thoracic spine sprain/strain. Treatment to date: medication management, activity modification, acupuncture, chiropractic care. A UR decision dated 9/3/14 denied the requests for acupuncture and chiro therapy. Regarding acupuncture, there was no indication that the claimant is actively seeking physical rehabilitation or surgical intervention for the reported injuries. Regarding chiro therapy, there were no subjective or objective benefits noted from the patient's extensive PT/chiro for this chronic condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6weeks (12 sessions) for thoracic sprain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, in the present case, it is noted that the patient has had prior acupuncture treatment, which was "somewhat helpful". There is no documentation of the number of sessions the patient has previously completed. In addition, there is no documentation of subjective or objective functional improvement. Therefore, the request for Acupuncture 2x6weeks (12 sessions) for thoracic sprain was not medically necessary.

Chirotherapy 2x6weeks (12 sessions) for thoracic sprain:

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. However, in the present case, it is noted that the patient has had prior chiropractic treatment, which was "somewhat helpful". There is no documentation of the number of sessions the patient has previously completed. In addition, there is no documentation of subjective or objective functional improvement. Therefore, the request for Chirotherapy 2x6weeks (12 sessions) for thoracic sprain was not medically necessary.