

Case Number:	CM14-0168388		
Date Assigned:	10/16/2014	Date of Injury:	12/09/2001
Decision Date:	12/24/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 9, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; lumbar epidural steroid injection therapy; total hip arthroplasty; long and short-acting opioids; sleep aids, and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 17, 2014, the claims administrator partially approved a request for 12 sessions of acupuncture, 12 sessions of chiropractic manipulative therapy, and six sessions of each modality. A variety of non-MTUS Guidelines were incorporated into the report, including the 2007 MTUS Acupuncture Medical Treatment Guidelines, the non-MTUS Chapter 6 ACOEM Guidelines, and ODG Guidelines, all of which were seemingly invoked despite the fact that the MTUS addressed the topic. In a March 24, 2014 progress report, the applicant reported ongoing complaints of low back pain radiating into the legs, 7-8/10. Multiple medications were renewed, including Norco, Tizanidine, and Percocet. A hip corticosteroid injection was apparently sought. In an August 28, 2014 progress note, the applicant reported persistent complaints of low back, leg, and hip pain, 7/10. It was stated that the applicant was pending a right total hip arthroplasty procedure and had already undergone a left hip total hip arthroplasty procedure. 7/10 pain was reported. The applicant was on Percocet, Duragesic, Desyrel, Ambien, and unspecified blood pressure lowering medications. Permanent work restrictions were renewed. Chiropractic manipulative therapy and acupuncture were endorsed once a week for 12 weeks. The applicant did not appear to be working with permanent work restrictions in place, although this was not clearly stated. It was not stated how much prior manipulative treatment and/or acupuncture the applicant had or not had. On July 10, 2014, the applicant reported ongoing complaints of chronic low back pain, 7-8/10, making it difficult for

him to perform activities of daily living as basic as showering, cooking, and cleaning. Percocet, Ambien, Zanaflex, and Duragesic were renewed. Lumbar facet injections were sought. The applicant was asked to pursue an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a acknowledged that acupuncture can be employed for a wide variety of purposes, including in the chronic pain context, to promote relaxation, to reduce muscle spasm, to treat inflammation, etc., this recommendation, however, is qualified by commentary in MTUS 9792.24.1.c.1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." The request for 12 sessions of acupuncture, thus, is at odds with the MTUS principles and parameters. It is not clear why the requesting provider sought treatment at a rate two to four times MTUS parameters. No compelling applicant-specific rationale was attached so as to support such a lengthy and protracted course. Therefore, the request is not medically necessary.

Chiropractic 1 x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Functional Restoration Approach to Chronic Pain Management sect.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of chiropractic manipulative therapy is "four to six treatments." While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do acknowledge that up to 24 sessions of manipulative treatment may be recommended in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant does not appear to be working with permanent limitations in place. The attending provider has not, furthermore, clearly outlined how much (if any) prior manipulative treatment the applicant had or had not had over the course of the claim and what the applicant's previous response to the same was. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was several years removed from the date of injury, December 9, 2001, as of the date of the Utilization Review Report,

September 17, 2014. At this stage in the course of the claim, some discussion of functional improvement with earlier treatment should have been raised before such a lengthy course of chiropractic manipulative therapy was proposed. Therefore, the request is not medically necessary.