

Case Number:	CM14-0170058		
Date Assigned:	10/20/2014	Date of Injury:	08/30/2013
Decision Date:	11/20/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 38-year-old male with an 8/30/13 date of injury. The mechanism of injury occurred when he tripped and fell on uneven concrete and twisted his right knee. According to a pain management evaluation report dated 9/15/14, the patient complained of right knee and lower back pain rated as an 8/10. The pain increased to a 10/10 with extended standing, walking, and exercising, and improved with relaxation. He gets no relief with surgery, physical therapy, TENS, ice, or chiropractic treatment. Objective findings: mild swelling over right knee; tenderness of suprapatellar, medial, posterior, lateral, infra patellar medial joint line right knee; tenderness over lumbar spine between L1 and L5 on right side and right sacroiliac joint. Diagnostic impression: status post ACL repair of the right knee with internal derangement, residual pain and lumbar radiculopathy, reactive sleep disturbance. Treatment to date: medication management, activity modification, physical therapy, surgery, TENS, ice, chiropractic treatment. A UR decision dated 9/29/14 denied the requests for 8 chiropractic treatments and 1 lumbar brace and modified the request for 8 acupuncture sessions to 6 sessions. Regarding chiropractic treatment, documentation indicates that the patient has had 12 prior chiropractic sessions that did not alleviate pain. According to the guidelines, 6 visits over 2 weeks should be appropriate to evaluate for functional gains. Regarding lumbar brace, the current guidelines do not support the use of lumbar braces in the prevention and treatment of back pain. Regarding acupuncture, a review of documentation indicates the patient has chronic back and knee pain and a trial of acupuncture may be initiated. However, the guidelines recommend an initial trial of 3-6 sessions over 1-3 weeks. The request for 8 acupuncture sessions to the lumbar spine is certified with modification to allow for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic manipulation treatments for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. However, in the present case, this patient has had previous chiropractic treatment. There is no documentation of functional improvement or gains in activities of daily living from the prior chiropractic sessions. In fact, it is documented that he has had no relief with chiropractic treatment. It is unclear why the provider is requesting further treatment when the patient has not benefitted from this in the past. Therefore, the request for 8 Chiropractic manipulation treatments for the lumbar spine was not medically necessary.

8 Acupuncture sessions to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 1. 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/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, in the present case, it is unclear if the patient has had prior acupuncture treatment. This is a request for 8 sessions, and guidelines only support a trial of up to 6 sessions. The prior UR decision dated 9/29/14 modified this request to certify 6 sessions. Documentation of functional improvement and pain reduction is necessary for the authorization of further treatment. Therefore, the request for 8 Acupuncture sessions to the lumbar spine was not medically necessary.

Lumbar brace- purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, guidelines only support back braces in the acute phase of injury. In addition there is no evidence that the patient has instability or compression fractures. Therefore, the request for Lumbar brace - purchase was not medically necessary.