

Case Number:	CM14-0171446		
Date Assigned:	10/23/2014	Date of Injury:	10/28/2013
Decision Date:	11/21/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/16/2014

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 Arizona. 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 has a date of injury on 10/28/2013. Subjective complaints are of increasing low back pain with numbness and tingling in the legs. The patient also has complaints of pain in the right ankle, neck, right shoulder, and upper back. Physical exam shows 4/5 strength of the right leg and 3-4/5 strength in the left leg. There was a positive straight leg raise on the left. Spasm and guarding was present on the lumbar spine. Medications include Gabapentin, Tramadol, Flexeril, Pepcid, and Vicodin. Request is for 12 acupuncture and chiropractic sessions. Partial certification was given for 6 chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right shoulder, ankle, neck, and lumbar spine, # 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA acupuncture guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, or may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Duration and frequency of acupuncture is 3-6 treatments to produce functional improvement, with extension of treatment

is functional improvement is documented, with "functional improvement" meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. For this patient, 12 sessions of acupuncture is being requested, which exceeds guideline recommendations for initial treatment. Therefore, the medical necessity of acupuncture treatment is not established at this time.

Chiropractic visits for the shoulder, ankle, neck, and lumbar spine, quantity 12: Upheld

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

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

Decision rationale: CA MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is intended to achieve positive symptomatic or objective gains in function and progression of a therapeutic exercise program. This patient has pain and spasm related to a musculoskeletal condition. CA MTUS specifically recommends a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. For this patient, 6 chiropractic visits had been certified, and additional sessions would be predicated on documentation of improved function. Therefore, the medical necessity for 12 chiropractic sessions is not established at this time.