

Case Number:	CM14-0173338		
Date Assigned:	10/24/2014	Date of Injury:	06/14/2010
Decision Date:	12/15/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/20/2014

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 a licensed Chiropractor 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 claimant is a 65-year-old male who was involved in a work injury on 6/14/2010. The injury was described as the claimant "was walking at work when a hose got stuck in between his legs, causing him to fall forward, landing on his hands and knees. He had immediate low back pain at that time." The claimant was treated and ultimately determined to be permanent and stationary as of 11/14/2012. On 11/26/2013 the claimant underwent a pain management initial consultation with [REDACTED]. The claimant "describes his pain worsens with prolonged standing or walking. He rates his pain 7/10 on the pain scale. The patient has previously had acupuncture, which helps to provide temporary relief. He states that chiropractic care also provided pain relief." The claimant was diagnosed with lumbar radiculopathy, lumbar retrolisthesis, and lumbar stenosis. The recommendation was for medication and to "continue with chiropractic therapy and acupuncture twice per week for 4 to 6 weeks as the patient has benefited from this treatment." The provider submitted an RFA requesting medication. On 3/5/2014 [REDACTED], evaluated the claimant for complaints of lower back pain at 7/10 on the visual analogue scale. The report indicated that the claimant "has had 7 sessions of chiropractic therapy and 6 sessions of acupuncture therapy in the past, which helped in decreasing his pain." A request for 8 chiropractic treatments was submitted. This was denied by peer review on 5/22/2014. The rationale for denial was that "there is no report that shows any improvement in the functionality or pain levels or a decrease in medication use with chiropractic care in the past. Time needed for improvement is generally 6 visits, 7 were recently provided. This did not provide a significant documented quantified benefit with overall pain levels and functionality although it was said to be helpful." On 6/3/2014 a request for 8 sessions of acupuncture was denied by peer review. On 7/28/2014 [REDACTED] reevaluated the claimant for ongoing lower back and bilateral lower extremity complaints. The report indicates that the claimant "reports no significant

changes since his last visit with us. He has had 16 sessions of chiropractic therapy and 6 sessions of acupuncture therapy in the past, which held in decreasing his pain." The provider submitted a request for 8 acupuncture treatments. On 8/25/2014 [REDACTED] evaluated the claimant for continued lower back and bilateral lower extremity complaints. The claimant continued to note pain at 7/10 on the visual analogue scale. The recommendation was for 8 acupuncture treatments. The requested 8 acupuncture treatments were denied by peer review. The purpose of this review is to determine the medical necessity for the retrospective request for 8 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 3/21/14) chiropractic treatment 2 times a week for 4 weeks qty :8.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation section Page(s): 58.

Decision rationale: The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 8 treatments exceed this guideline. Moreover, the claimant underwent a course of 7 treatments with no evidence of functional improvement. The 3/5/2014 evaluation with [REDACTED] indicated that the claimant continued to have pain levels of 7/10 on the visual analogue scale. At the time of the 11/26/2013 pain management consultation the claimant noted pain levels of 7/10. The evaluation report dated 8/25/2014 indicated that the claimant had received 16 sessions of chiropractic treatment and that the claimant "reports no significant changes since his last visit with us" that occurred on 7/28/2014. The 7/28/2014 evaluation indicated that the claimant "reports no significant changes since his last visit with us." This indicates an absence of improvement as a result of the treatment rendered this claimant. Therefore, the medical necessity for the requested 8 chiropractic treatments was not established.