

Case Number:	CM14-0177043		
Date Assigned:	10/30/2014	Date of Injury:	01/24/2014
Decision Date:	12/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/24/2014

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:

Patient is a 27 year-old male with date of injury 01/24/2014. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/10/2014, lists subjective complaints as pain in the low back. Patient noted that previous chiropractic and acupuncture visits have helped reduce his pain. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral musculature and restricted range of motion. Motor strength of EHL was 4/5 on the right and 5/5 on the left, ankle dorsi flexor's was 4/5 on the right 5/5 on the left, and ankle plantar flexor's was 5/5 on both sides. Light touch sensation was decreased over the lateral calf on the left side. Diagnosis: 1. Backache, not otherwise specified. Patient has had 20 sessions of chiropractic care and 22 sessions of acupuncture to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 4 with Modalities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: The request is for 4 visits of chiropractic for a total of 24 visits, the maximum allowed under the Labor Code. The Chronic Pain Medical Treatment Guidelines allow for continued chiropractic if there is documented functional improvement prior to authorizing more visits. The medical record shows no documentation of functional improvement. Chiropractic x 4 with modalities is not medically necessary.

Acupuncture x 6 with Modalities for the Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS states that acupuncture is 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. Authorization of further acupuncture is predicated upon functional improvement, however. There is no documentation of functional improvement. Acupuncture x 6 with modalities for the lumbar is not medically necessary.