MAXIMUS Federal Services

Case Number:	CM14-0180368		
Date Assigned:	11/05/2014	Date of Injury:	01/31/2014
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 01/31/14 when, while working in a bakery she fell, landing in a seated position. She had intense low back and coccyx pain. Her injury was observed on in-store video. Treatments included medications and injections. She is also being treated for major depressive disorder, insomnia, anxiety, and decreased libido attributed to chronic pain and stress. An MRI of the lumbar spine in April 2014 had shown findings of a right L5-S1 disc protrusion with annular tear and EMG/NCS testing had shown abnormal findings. She was seen by the requesting provider on 06/10/14. She was having neck and upper back pain, low back pain, and bilateral leg pain rated at 5-7/10. She was having daily headaches. Physical examination findings included decreased and painful spinal range of motion. There was multilevel spinous process and bilateral piriformis muscle tenderness. Straight leg raising was positive bilaterally. Authorization for physical therapy and acupuncture treatment was requested. On 06/26/14 acupuncture was helping the claimant to relax. She was having ongoing symptoms rated at 5-7/10. She was working full-time performing assembly work. Osteopathic manipulation was performed. Authorization for additional testing was requested. She was to continue physical therapy and acupuncture treatments. On 07/25/13 physical therapy was helping. She was having ongoing symptoms rated at 4-6/10. She was continuing to work. An MRI of the cervical spine in August 2014 had shown right lateralized foraminal narrowing. On 09/23/14 pain was rated at 5-7/10. She was having stomach upset and difficulty sleeping due to stress. Physical examination findings appear unchanged. The assessment references the claimant as remaining symptomatic and responding slowly. She was continuing to take Motrin. Authorization for chiropractic treatment and acupuncture was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x 6: 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 Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for neck and upper back pain, low back pain, and bilateral leg pain. Treatments have included Medications, Physical Therapy, Acupuncture, and Osteopathic Care. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits with treatment beyond 4-6 visits with documented objective improvement in function. In this case, the claimant has already had manipulation treatment. There is no documentation of treatments producing improvement in function and therefore the request is not medically necessary.

Acupuncture 1 x 6 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for neck and upper back pain, low back pain, and bilateral leg pain. Treatments have included medications, physical therapy, acupuncture, and osteopathic care. Acupuncture is being requested to decrease stress. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had acupuncture treatments without evidence of functional improvement and therefore the requested additional acupuncture treatments are not medically necessary.