

Case Number:	CM14-0182519		
Date Assigned:	11/07/2014	Date of Injury:	08/10/2013
Decision Date:	12/11/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 Practice 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:

This is a 50-year-old male claimant who sustained a work injury on August 27, 2013 involving the neck and low back. He was diagnosed with chronic low back pain with occasional left sided sciatica and disk height loss at L5- S1. His pain had been treated with Voltaren and Norco. Prior physical findings were noted for increased pain in extension of the lumbar spine. A progress note on July 1, 2014 indicated the claimant had persistent low back pain with stiffness and weakness. The previous request for physical therapy was denied. The treating physician requested 12 weeks of chiropractic and acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1time a week for 12 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, acupuncture is an option when pain medication is reduced or not tolerated. It is to be used as an adjunct to physical rehabilitation. The time to produce functional improvement may be up to 3 to 6 treatments. In this case, the amount of acupuncture treatments requested exceeds the amount of time required for functional

improvement. The claimants response to acupuncture therapy is unknown. Therefore the request for 12 visits of Acupuncture Therapy is not medically necessary.

Chiropractic Therapy 1time a week for 12 weeks: Upheld

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

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

Decision rationale: According to the guidelines chiropractic therapy is recommended as an option for low back pain. A therapeutic trial of six visits over two weeks is appropriate to determine objective functional improvement. In this case the physician requested 12 weeks of chiropractic therapy. The amount exceeds the amount recommended to observe any functional improvement . Therefore the request for 12 visits of Chiropractic Therapy is not medically necessary.