

Case Number:	CM14-0192153		
Date Assigned:	11/25/2014	Date of Injury:	07/16/2013
Decision Date:	01/13/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 49 year old female with an injury date of 07/16/13. The 10/13/14 report states that the patient presents with achy neck and lower back pain and left knee pain. Examination of the cervical spine shows pain on extremes of motion. Examination also reveals right shoulder depression test reproduced pain and Soto Hall's maneuver reproduced posterior cervical pain. Palpatory tenderness and spasms were noted over the lumbar paraspinal muscles, the quadratus lumborum muscles and gluteal muscles bilaterally and over the spinous processes at L1-L5. The patient's diagnoses include: 1. Cervical IVD syndrome 2. Lumbar IVD syndrome 3. Left knee/sprain strain. The utilization review being challenged is dated 11/05/14. Reports were provided from 06/02/14 to 11/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 6 weeks: 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 and Manipulation Page(s): 58-59.

Decision rationale: The patient presents with neck, lower back and left knee pain. The provider requests for chiropractic treatment 2 times a week for 6 weeks per unknown date. The 11/05/14 utilization review states the Request for Authorization is dated 10/13/14; however, this is not included for review. The utilization review modified this request for 12 visits to a 6 visit trial. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care - A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. The provider states endpoint of therapy is to return function instead of complete or immediate cessation of pain. The three reports included provide limited information about the patient's treatment history. There is no indication that the patient has received prior chiropractic treatment, and it appears that this is an initial course of therapy. MTUS allows an initial trial of 6 visits over 2 weeks. The 12 visits requested exceed what is allowed by MTUS. Additional visits after a trial require evidence of objective function improvement which is not provided. The request is not medically necessary.

Acupuncture treatment 2 times a week for 6 weeks to the left knee: 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 Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.24.1 Page(s): 13.

Decision rationale: The patient presents with neck, lower back and left knee pain. The provider requests for: acupuncture treatment 2 times a week for 6 weeks to the left knee per unknown date. The 11/05/14 utilization review states the Request for Authorization is dated 10/13/14; however, this is not included for review. MTUS recommends an initial trial of 6 sessions of acupuncture and additional treatments with functional improvement. The provider does not discuss this request in the reports provided. There is limited information about the patient's treatment history; however, there is no indication that the patient has received prior acupuncture treatment. It appears this is an initial course of acupuncture treatment; however, MTUS allows for a trial of only 6 sessions and the request is for 12 sessions. If a trial has been completed, no evidence of functional improvement has been provided for review. In this case, the request is not medically necessary.