

Case Number:	CM14-0026190		
Date Assigned:	06/13/2014	Date of Injury:	09/16/2011
Decision Date:	08/11/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/23/2014

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, and is licensed to practice in Nevada. 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 records presented for review, indicate that this 54-year-old individual was reportedly injured on 9/16/2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 6/9/2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination demonstrated positive tenderness to palpation thoracic and lumbar spine, positive muscle spasms in the thoracic and lumbar spine. No recent diagnostic studies were available for review. Previous treatment included physical therapy, chiropractic care, and medications. A request was made for physiotherapy 3 visits x 4 weeks, chiropractic therapy 3 visits x 4 weeks, acupuncture cervical and lumbar spine 2 visits x 6 weeks and cervical and lumbar spine re-examination in three months and was not certified in the pre-authorization process on 1/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY 3 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

Decision rationale: The CA MTUS supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommends a maximum of 10 visits. The claimant has multiple chronic complaints, and review of the available medical records failed to demonstrate an improvement in pain or function. The claimant underwent previous physical therapy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.

CHIROPRACTIC 3 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

Decision rationale: CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. After review of the available medical records, there was no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, the patient has had chiropractic care in the past. As such, this request is not considered medically necessary.

ACUPUNCTURE CERVICAL AND LUMBAR SPINE 2 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

Decision rationale: 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. After review of the medical documentation provided, it was noted the patient has had acupuncture treatments in the past. There was no documentation of improvement in function or decrease in pain. Therefore, continued request for this treatment is not medically necessary.

CERVICAL AND LUMBAR SPINE; RE-EXAMINATION IN 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS ACOEM Guidelines state The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. After reviewing the medical documentation provided, the requested follow-up was to review the patient status after completion of the above requested modalities and treatments. These treatments have not been deemed medically necessary. Therefore, the requested follow-up is not medically necessary.