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| Case Number: | CM14-0037120 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 03/05/2001 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 03/25/2014 |

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 Texas. 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 who was injured on 3/4/2001. Treating diagnoses include lumbosacral radiculitis and sciatica. A prior UR determination on 10/3/2013 noncertified the request for 12 sessions of physical therapy on the basis that the patient had already exceeded the guidelines for physical therapy (she had received 15 visits), without a rationale for the continued treatment as opposed to rehabilitation and a fully independent home exercise program. A prior UR determination was performed on 2/18/2014, wherein the requested services was modified to certify 6 sessions of chiropractic and 6 sessions of acupuncture. The patient was reevaluated on 1/7/2014. Physical examination reports that her back is still tender, there is increased pain with range of motion. The reports states the patient has ongoing back pain radiating down the leg with stiffness and weakness, she continues to have increased pain. She is not getting good relief of symptoms, it is suggested she would benefit from alternate therapy, recommendation was made for trial of chiropractic in acupuncture twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week for 6 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 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. Although the medical records do not reflect that this patient is unable to tolerate pain medication, the medical records do not reflect acupuncture has been tried in the past, a trial of Acupuncture would be supported to evaluate whether the patient responds to this form of treatment to address her current chronic pain complaints. The request for trial with 12 acupuncture sessions is excessive. Per the guidelines, time to produce functional improvement: 3 to 6 treatments. Up to 6 sessions would be appropriate. Acupuncture treatments may be extended if functional improvement is documented. Given the above the request is not medically necessary.

Chiropractic 2 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: According to the CA MTUS guidelines, chiropractic manipulation therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Based on the reported findings, trial of chiropractic treatment would be supported to evaluate whether the patient responds to this form of treatment to address her current chronic pain complaints. However, the request for trial with 12 chiropractic sessions is excessive, and not supported. The guidelines state that treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. The guidelines state if chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Given the above the request is not medically necessary.