

Case Number:	CM14-0039707		
Date Assigned:	06/27/2014	Date of Injury:	07/22/2009
Decision Date:	11/04/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/04/2014

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 Interventional Spine, 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 51-year-old male with an injury date of 07/22/09. Based on the 02/28/14 progress report provided by [REDACTED], the patient complains of lumbar spine pain radiating down his leg and left knee pain. Physical examination to the lumbar spine revealed tenderness to palpation and muscle spasm to the paraspinal musculature. Range of motion was limited, especially on extension 14 degrees. Straight leg raising test was positive bilaterally at 50 degrees. Physical examination to the left knee revealed well healed arthroscopic portals. Range of motion was limited. Flexion 104 degrees and extension 5 degrees. Patient remains permanent and stationary.- cervical spine sprain and strain- clinical upper extremity radiculopathy- lumbar spine sprain and strain- herniated/bulging discs, lumbar spine- clinical lower extremity radiculopathy- status post left knee arthroscopy- right knee sprain and strain- psychological sequelae, secondary to industrial injury, deferred to the appropriate specialist Per treater report dated 02/28/14, patient has undergone a brief course of chiropractic in the past, which he found beneficial, experiencing decreased pain and increased range of motion. However, due to inability to procure authorization for additional treatment, the pain and stiffness in his lumbar spine and left knee have fully returned. Per progress report dated 10/06/13, treater states "acupuncture is very helpful," and "need to authorize another 12 visits." Acupuncture SOAP Notes from 03/26/13 to 10/24/13 document patient responding well to treatment and pain relief to last up to 7 days. In review of medical records, 18 acupuncture visits were found from 03/26/13 to 01/14/14. Per progress report dated 02/28/14, treater states he is requesting authorization for pain management specialist for medication management, as the patient is using Cialis, Avodart, and Doxazosin, which are not his area of expertise. The utilization review determination being challenged is dated 04/01/14. The rationale follows: 1) decision for 12 additional sessions of

chiropractic therapy (2 x 6) for the left knee and lumbar spine: "patient had 21 sessions in 2013) decision for 12 additional sessions of acupuncture therapy (2 x 6) for the left knee and lumbar spine: "patient had at least 50 sessions"3) decision for Pain Management consultation: "it is not clear why patient is being referred to pain management..." [REDACTED] is the requesting provider, and he provided treatment reports from 03/26/13 - 04/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions of Chiropractic Therapy (2x6) for the Left Knee And Lumbar Spine: 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 Manual Therapy and Treatments Page(s): 58,59.

Decision rationale: The patient presents with lumbar spine pain radiating down his leg and left knee pain. The request is for decision for 12 Additional Sessions of Chiropractic Therapy (2 x 6) for the Left Knee and Lumbar Spine. His diagnosis dated 02/28/14 includes herniated/bulging discs, lumbar spine, clinical lower extremity radiculopathy; status post left knee arthroscopy and right knee sprain and strain. Regarding chiropractic treatments, MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pp58, 59) states: "Manual therapy & manipulation: Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Knee: Not recommended." Per treater report dated 02/28/14, patient has undergone a brief course of chiropractic in the past, which he found beneficial, experiencing decreased pain, and increased range of motion. However, due to inability to procure authorization for additional treatment, the pain and stiffness in his lumbar spine and left knee have fully returned. Based on the utilization review letter dated 04/01/14, patient had 21 sessions in 2013. Though treater states that patient symptoms have returned for not continuing with chiropractic, per progress report dated 02/28/14, patient remains permanent and stationary. The patient does not meet criteria for continued chiropractic therapy, as he has completed trial period, and has not returned to work, an indication of objective functional improvement. Furthermore, chiropractic is not recommended for the knee, and the request for 12 sessions exceeds what MTUS allows. Recommendation is for denial.

12 Additional Sessions of Acupuncture Therapy (2x6) for the Left Knee and Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Acupuncture

Decision rationale: The patient presents with lumbar spine pain radiating down his leg and left knee pain. The request is for decision for 12 additional sessions of acupuncture therapy (2 x 6) for the left knee and lumbar spine. His diagnosis dated 02/28/14 includes herniated/bulging discs, lumbar spine, clinical lower extremity radiculopathy; status post left knee arthroscopy and right knee sprain and strain. ODG-TWC Acupuncture Guidelines: "Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks." Per progress report dated 10/06/13, treater states "acupuncture is very helpful," and "need to authorize another 12 visits." Acupuncture SOAP Notes from 03/26/13 to 10/24/13 document patient responding well to treatment and pain relief to last up to 7 days. In review of medical records, 18 acupuncture visits were found from 03/26/13 to 01/14/14. Based on the utilization review determination letter dated 04/01/14, patient had at least 50 acupuncture sessions. Furthermore, objective functional improvement has not been well documented by treater. The request for 12 additional visits exceeds what ODG allows. Recommendation is for denial. Per progress report dated 10/06/13, treater states "acupuncture is very helpful," and "need to authorize another 12 visits." Acupuncture SOAP Notes from 03/26/13 to 10/24/13 document patient responding well to treatment and pain relief to last up to 7 days. In review of medical records, 18 acupuncture visits were found from 03/26/13 to 01/14/14. Based on the utilization review determination letter dated 04/01/14, patient had at least 50 acupuncture sessions. Furthermore, objective functional improvement has not been well documented by treater. The request for 12 additional visits exceeds what ODG allows. Recommendation is for denial.

Pain Management Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Practice Guidelines, Chapter: 7, page 127

Decision rationale: The patient presents with lumbar spine pain radiating down his leg and left knee pain. The request is for decision for Pain Management consultation. His diagnosis dated 02/28/14 includes herniated/bulging discs, lumbar spine, clinical lower extremity radiculopathy, status post Left Knee Arthroscopy and right knee sprain, and strain. Per progress report dated 02/28/14, treater states he is requesting authorization for pain management specialist for medication management, as the patient is using Cialis, Avodart, and Doxazosin, which are not his area of expertise. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." It would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Recommendation is for authorization.

