

Case Number:	CM14-0042843		
Date Assigned:	06/30/2014	Date of Injury:	01/18/2011
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/09/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 44-year-old male who reported an injury on 01/18/2011. The mechanism of injury was trauma. His diagnosis includes lumbar disc disorder. His past treatments include acupuncture, chiropractic treatments, and medications. The injured worker reported he continued to have low back pain and he had been having increased spasms in the middle of his back. Per the clinical noted dated 03/26/2014, he had a normal gait with normal tendon reflexes bilaterally. The injured worker's motor strength was 5/5 in the bilateral lower extremities. Upon examination of the lumbar spine, the physician reported the paraspinal muscles were tender and his forward flexion was full and painless. The injured worker's current medications include Soma 350 mg and Norco 10/325 mg. The physician's treatment plan included a recommendation for acupuncture and chiropractic treatments. The rationale for the request was not provided. The request for authorization was provided on 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient chiropractic therapy for nine (9) sessions;: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. 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 injured worker's therapeutic exercise program and return to productive activities. The Guidelines also state that therapeutic care for the low back is recommended for a trial of 6 visits over 2 weeks with evidence of objective functional improvements, total of up to 18 visits over 6 to 8 weeks. Recurrent flare ups need to re-evaluate treatment success, if return to work achieved then 1 to 2 visits every 4 to 6 months. In the clinical documentation provided the injured worker reported that he had received pain relief with chiropractic treatment in the past. However, it was unclear in the documentation how many sessions of chiropractic treatment the injured worker attended. Also, there was no documentation provided to indicate if there were objective measurable gains in functional improvement or whether the requested chiropractic care would be used to facilitate progression a therapeutic exercise program. Therefore, as it was unclear how many previous chiropractic sessions the injured worker had participated in and if there were objective measurable gains made with the treatment, the request would not be supported. As such, the request for additional outpatient chiropractic therapy for nine (9) sessions is not medically necessary.

Acupuncture for nine (9) sessions to the lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The Guidelines state that the time to produce functional improvement includes 3 to 6 treatments, frequency is 1 to 3 times per week, and the duration is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The clinical documentation provided the injured worker reported that he had relief of pain with his prior acupuncture treatments. However, the number of sessions attended and functional improvements made with his prior sessions were not provided. In the absence of this information, additional acupuncture sessions are not supported. As such, the request for Acupuncture for nine (9) sessions to the lumbar spine is not medically necessary.