

Case Number:	CM14-0046249		
Date Assigned:	07/02/2014	Date of Injury:	02/20/2013
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 64-year-old female who reported injury on 02/20/2013. The mechanism of injury was the injured worker was struck in her upper back by an empty box. Prior treatments were noted to have included 12 chiropractic sessions and 6 sessions of acupuncture. The documentation of 12/11/2013 revealed the injured worker had sleep disturbance and weakness. The treatment plan included acupuncture and chiropractic therapy for 6 visits. The diagnosis was contusion of upper limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X6 visits- lumbar cervical spine-shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 treatments to 6 treatments. The clinical documentation submitted for review indicated the injured worker had previously undergone 6 sessions of acupuncture. There was a lack of documentation of objective

functional benefit that was received. Additionally, there was a lack of documentation indicating the injured worker would be utilizing the acupuncture as an option when pain medication was reduced or not tolerated. There was a lack of documentation indicating the injured worker would utilize it as an adjunct to physical rehabilitation. Given the above, the request for Acupuncture X6 visits- lumbar cervical spine-shoulders is not medically necessary.

Chiropractic visits X6 lumbar, cervical spine, shoulders: 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, page 58, 59 Page(s): 58, 59.

Decision rationale: The California MTUS Guidelines indicate manual therapy is recommended for chronic pain if it is caused by musculoskeletal conditions. Care beyond 8 weeks may be indicated for certain chronic pain injured workers in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The clinical documentation submitted for review indicated the injured worker had previously undergone chiropractic manipulation. There was lack of documentation of objective functional benefit. There was a lack of a physical examination to support the injured worker had a musculoskeletal condition that would support the use of chiropractic care. Given the above, the request for Chiropractic visits X6 lumbar, cervical spine, shoulders is not medically necessary.