

Case Number:	CM14-0048711		
Date Assigned:	06/25/2014	Date of Injury:	04/12/2012
Decision Date:	07/25/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/26/2014

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 Pain Medicine 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 injured worker is a 39 year old male whose date of injury is 04/12/2012. The injured worker sustained an injury to his lower back while lifting a heavy bucket. Note dated 05/08/14 indicates that the injured worker reports getting acupuncture and chiropractic treatment with little relief. Progress report dated 06/03/14 indicates that lumbar range of motion is decreased. There is tenderness to palpation to the lumbar paraspinal musculature. Diagnoses are lumbosacral sprain/strain, lumbosacral or thoracic neuritis or radiculitis, myofascial pain, lumbosacral radiculopathy, and iliotibial syndrome. Treatment to date includes physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for six chiropractic visits is not recommended as medically necessary. The submitted records indicate that the

injured worker reports getting chiropractic treatment with little relief in pain. Therefore, efficacy of treatment is not established and additional sessions are not medically necessary. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.

Acupuncture QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the requests for six acupuncture visits is not recommended as medically necessary. The submitted records indicate that the injured worker reported receiving acupuncture treatment with little relief in his pain. Therefore, efficacy of treatment is not established, and additional sessions of acupuncture are not in accordance with CA MTUS recommendations.