

Case Number:	CM14-0061122		
Date Assigned:	09/12/2014	Date of Injury:	02/22/2013
Decision Date:	10/15/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 35-year-old male who reported an injury on 02/22/2013. The mechanism of injury was not provided. His diagnoses included a disc protrusion at L3-L4, L5-S1, and T11-T12, radiculopathy at the lumbar spine, and multilevel spinal stenosis, severe at L5-S1. The injured worker's past treatments included medications. His diagnostic studies included an MRI of the lumbar spine dated 05/28/2013, which was noted to reveal disc protrusion at L3-L4, L5-S1, and T11-T12. It also revealed a multilevel spinal stenosis, most severe at L5-S1. There were no relevant surgeries included in the medical documentation. On 03/25/2014, the injured worker complained of pain in the lumbar spine and rated it an 8/10. He reported the pain as sharp and radiating down into the back of the right knee. He stated that the sharp pain comes and goes, but it comes and goes so rapidly that he can almost consider it to be constant. Upon physical examination, the injured worker was noted to have forward flexion at 30 degrees, extension at 15 degrees, and right and left lateral flexion at 15 degrees. The current medications were listed as tramadol 50 mg and Flexeril 10 mg. The treatment plan included a urine drug test, to continue prescribed medications, to follow work restrictions, to request for authorization for pain management consultation, to request authorization for acupuncture and chiropractic therapy. The rationale for the requests was not provided. The Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation MTUS:ACOEM: Elbow Complaints Chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2x6 for the lumbar spine is not medically necessary. The Acupuncture Medical Treatment Guidelines recommend 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. The time noted to produce functional improvement is 3 - 6 treatments, with a recommended frequency of 1- 3 times per week and a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker complained of pain, however, there was not sufficient documentation indicating that the medication was not being tolerated. The pain evaluation failed to include the pain level when the injured worker is using the medications. Additionally, there was no documentation indicating that the injured worker would be participating in a therapeutic exercise program concurrently. Also, the request for 12 visits exceeds the guidelines' recommendation for an initial trial of 3 to 6 visits. For the reasons noted above, the request is not medically necessary.

Chiropractic 2x6 for the lumbar spine: Upheld

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

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

Decision rationale: The request for chiropractic 2 x 6 for the lumbar spine is not medically necessary. The California MTUS Guidelines recommend manual therapy and manipulation 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 and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The injured worker complained of pain in the lumbar spine at a 6/10. There was a lack of documentation that provided significant objective functional limitations or efficacy of current conservative care. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks of therapy. In the absence of sufficient documentation showing significant functional limitations due to pain, the request is not supported. Additionally, the request for 12 visits exceeds the guideline recommendations of the 6 visit trial. Therefore, the request is not medically necessary.