

Case Number:	CM14-0074457		
Date Assigned:	07/16/2014	Date of Injury:	06/19/2011
Decision Date:	09/15/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; functional capacity testing; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 2, 2014, the claims administrator apparently denied a request for acupuncture, chiropractic manipulative therapy, and a lumbar MRI on the grounds that it was not certain what treatment or treatments had transpired to date. The claims administrator did not, however, incorporate cited MTUS guidelines into its rationale. The applicant's attorney subsequently appealed. In a handwritten note dated May 16, 2014, the applicant apparently presented with persistent complaints of low back pain. The note was extremely difficult to follow. Lumbar MRI imaging, physical therapy, topical compounds, urine drug testing, and several x-rays were endorsed. The applicant was placed off of work, on total temporary disability. The applicant received a variety of treatments, including manipulation and myofascial release, ultrasound, and infrared therapy in the clinic setting. The documentation was scant and employed preprinted checkboxes, for the most part, as opposed to furnishing any narrative commentary. In an earlier handwritten note dated March 21, 2014, again difficult to follow, not entirely legible, the applicant apparently presented with multiple complaints, including low back pain, chronic hand pain, and irritable bowel syndrome. The applicant received myofascial release therapy, manipulative therapy, ultrasound therapy, and infrared therapy in the clinic setting. The applicant's work status was not clearly furnished on this occasion. The remainder of the file was surveyed. There was no clear or concrete evidence that the applicant had had prior acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 9792.24.1.c.1 notes that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." The request, then, as written, does run in excess of the MTUS parameters. No rationale for treatment in excess of the MTUS parameters was proffered by the attending provider. It was not, furthermore, clearly stated whether or not the request represented a first-time request for a renewal request. As noted previously, the documentation on file employed preprinted checkboxes and furnished very little to no narrative commentary. Therefore, the request is not medically necessary.

Chiropractic 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: The request does represent a request to renew chiropractic manipulative therapy as the applicant has had unspecified amounts of chiropractic manipulative treatment over the life of the claim. While pages 59 and 60 support a total of up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability. There is no concrete evidence that earlier chiropractic manipulative therapy has been beneficial here. Therefore, the request is not medically necessary.

MRI of Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 304 does note that imaging studies should be reserved for cases in which surgery is being considered or red flag

diagnoses are being evaluated, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical remedy insofar as the lumbar spine is concerned. There was no mention that the applicant was being evaluated for any red flag diagnoses such as fracture, tumor, cauda equina syndrome, etc. The attending provider's documentation, as noted previously, was sparse, handwritten, difficult to follow, not entirely legible, employed preprinted checkboxes, and did not make a compelling case for the study in question. Therefore, the request is not medically necessary.