

Case Number:	CM14-0080836		
Date Assigned:	07/18/2014	Date of Injury:	06/09/2011
Decision Date:	08/25/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation 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:

This is a 49-year-old male who suffered lower back injury on 06/09/2011 due to his regular duties involving pursuing assailants, patrolling, and use of duty belt. Treatment history includes medications, acupuncture, chiropractic treatment, lumbar medial branch radiofrequency neurotomy at L3-S1 on 11/27/2013, and H-wave unit. A progress report dated 05/16/2014 indicates his pain level has remained unchanged since last visit. Patient rates his pain with and without medications as 5 on a scale of 1 to 10. No new problems or side effects. Quality of sleep is good. Activity level has remained the same. Objective findings include loss of normal lordosis with straightening of the lumbar spine. No limitation in range of motion noted. On palpation, paravertebral muscles tenderness and tight muscle band noted on both sides. Pain can walk on heels and toes. Lumbar facet loading was positive on both sides. Straight Leg Raise was negative. Babinski was negative. Ankle and Patellar jerk was 2/4 on both sides. Motor exam showed 5/5 strength in lower extremities. Sensation on light touch was normal in extremities examined. Diagnoses include low back pain and lumbar disc disorder. It was noted that patient noted 50-60% improvement in low back symptoms after series of chiropractic sessions. Also noted that he completed 5 sessions of acupuncture 3-4 years ago, noted it was moderately helpful. UR dated 05/27/2014 indicates the request for acupuncture x 6 lumbar spine was non-certified because there is no documentation of functional improvement from the previous acupuncture treatment. The request for chiropractic treatment x 6 was non-certified because maintenance chiropractic treatment is not medically necessary and there is no documentation of functional improvement from previous chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Lumbar Spine Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Acupuncture.

Decision rationale: According to the CA MTUS guidelines, Acupuncture Medical Treatment is recommended 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. This patient already had past acupuncture treatment. In the absence of documented significant improvement of pain and function, the request is not medically necessary according to the guidelines.

Chiropractic treatments Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Manipulation.

Decision rationale: Guidelines indicate that request for chiropractic care, manual therapy & manipulations for recurrences/flare-ups require need to re-evaluate treatment success. This patient already had past chiropractic treatment. In the absence of documented significant improvement of pain and function, the request is not medically necessary according to the guidelines.