

Case Number:	CM14-0081294		
Date Assigned:	07/18/2014	Date of Injury:	05/31/2013
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
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 37 year-old patient sustained an injury on 5/31/13 while employed by [REDACTED]. Request under consideration include Acupuncture x8 visits for the lower back and Chiropractic treatment x8 visits for the lower back. Conservative care has included physical therapy, chiropractic treatment, medications, and modified activities/rest. Report of 11/25/13 from the provider noted the patient with constant aching pain in the lower lumbar spine radiating down bilateral lower extremities rated at 7/10. Exam showed tenderness over paraspinal muscles from L3-4 to L5-S1; limited range (no degrees or planes specified); decreased reflexes, decreased sensation at L5 and S1 distributions, antalgic gait with 5/5 motor strength throughout bilateral lower extremities. MRI report of 9/6/13 showed mild degenerative change at L5-S1 with no evidence of canal or neural foraminal stenosis. Diagnoses included Low back pain/ degenerative disc/ sciatica/ numbness. The patient was to remain off work. Reports of 12/16/13 and 4/16/14 from the provider noted the patient with ongoing low back pain radiating into the buttocks with unchanged clinical findings and pain rated at 7/10 with the patient remaining off work. The requests for Acupuncture x8 visits for the lower back was partially-certified for 4 visits and Chiropractic treatment, 8 visits for the lower back was non-certified on 5/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Acupuncture visits for the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to medical records, clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this chronic injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear what functional benefit if any were derived from recent acupuncture treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for further acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. Therefore, the request of eight (8) Acupuncture visits for the lower back is not medically necessary and appropriate.

Eight (8) Chiropractic treatment visits for the lower back: 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 Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this May 2013 injury with unchanged clinical findings from treatment already rendered from previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. Therefore, the request of eight (8) Chiropractic treatment visits for the lower back is not medically necessary and appropriate.