

Case Number:	CM14-0082523		
Date Assigned:	07/21/2014	Date of Injury:	09/05/2013
Decision Date:	09/11/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 patient is a 40-year-old male who has submitted a claim for rule out Herniated Nucleus Pulposus of the Cervical, Thoracic, and Lumbar Spine; and Sciatica associated with an industrial injury date of September 5, 2013. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain rated 8/10, thoracic spine pain rated 9/10, and low back pain rated 9/10. On physical examination, there was tenderness of the back. There was restricted range of motion due to pain. Treatment to date has included medications, electrical nerve stimulation, an unknown number of chiropractic care sessions, at least 14 physical therapy sessions for the cervical and lumbar spine, at least eight acupuncture sessions, and home exercise program. The utilization review from May 21, 2014 denied the request for Chiropractic therapy, QTY: 4 sessions; Physical therapy, QTY: 8 sessions; and Acupuncture treatment, QTY: 8 sessions because the request exceeded the guideline recommendations and the clinical findings did not substantiate medical necessity for protracted supervised therapy beyond the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, #4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 62.

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

Decision rationale: According to page 58 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation is recommended as an option for low back pain and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks is supported. However, elective or maintenance care is not medically necessary. In this case, the records showed that the patient received an unknown number of chiropractic sessions. However, there was no documentation of functional improvement with chiropractic care. Furthermore, the patient presented with both neck and low back pain but the present written request failed to specify the body part to be subjected to additional chiropractic care. The request is incomplete. Likewise, there is no clear indication for continued chiropractic care. Therefore, the request for Chiropractic therapy, #4 sessions is not medically necessary.

Physical therapy, #8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the records showed that the patient had at least 14 physical therapy sessions for the cervical and lumbar spine. However, there was no documentation of functional improvement with physical therapy. Furthermore, the patient presented with both neck and low back pain but the present written request failed to specify the body part to be subjected to additional therapy. The request is incomplete. Likewise, there is no clear indication for continued physical therapy. Active self-directed home physical medicine should be encouraged. Therefore, the request for Physical therapy, #8 sessions is not medically necessary.

Acupuncture treatment, #8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten

functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the records showed that the patient had at least eight acupuncture sessions. However, there was no documentation of functional improvement with acupuncture. Furthermore, the patient presented with both neck and low back pain but the present written request failed to specify the body part to be subjected to additional acupuncture sessions. The request is incomplete. Likewise, there is no clear indication for continued acupuncture therapy. Therefore, the request for Acupuncture treatment, #8 sessions is not medically necessary.