

Case Number:	CM14-0083629		
Date Assigned:	07/21/2014	Date of Injury:	06/12/2013
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 Licensed in Chiropractic, and is licensed to practice in New York. 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:

Upon review of the medical records available the applicant sustained an industrial injury that occurred on June 12, 2013 while employed by [REDACTED]. The applicant is a male whom is currently 49 years old. He is employed as a bus driver. He sustained an injury to the lower back while assisting a wheelchair customer. He bent forward to secure the security belt on the chair and as he stood up he experienced acute low back pain. He continued to work and strated driving. 10 minutes later he experienced shooting pain down both lower extremities. Thus far, treatment has consisted of physical therapy, acupuncture, pain management, and medication. A lumbar support and car seat was prescribed. MRI of the lumbar spine dated 7/3/13 revealed diffuse straightening of lumbar lordotic curve and possibly some subtle dextrosciotic curvature of upper lumbar spine extending to lower thoracic spine with possibly some slight reversal of lordosis. L4/5 there is a mild left lateral disc bulging contriibuting to mild left sided foraminal narrowing with otherwise no significant stenosis observed. There is no evidence of disc herniation or annular tear at any level. EMG/NCV testing dated 12/3/13 revealed no evidence of active conduction defect or denervation in the lower extremities. There is no electrodiagnostic evidnce of active entrapment neuropathy, peripheral polyneuropathy or lumbar radiculopathy. In review of most recent medical report dated 5/2/14 the applicant presented with complaints of low back and lower extremity pain with tingling/numbness at the big toe and 2nd toe and intermittent weakness. Lumbar ranges of motion was limited in flexion, extension, lateral rotation and lateral bending. At this point lumbar epidural steroid injections were requested. He has had prior lumbar epidural steroid injections which was beneficial and helped him return to full time work. There is improvement with Ibuprofen at night. The evaluating physician indicated that the applicant is interested in chiropractic care as he never had it before. He reports flare-up of his low back and pain. He was

returning full duty to work as of 4/12/14. Authorization was requested for six chiropractic care sessions for the lower back. The treating diagnosis is lumbosacral neuritis NOS, radicular syndrome of lower limbs and low back pain. In a utilization review report dated 5/28/14 the reviewer determined the proposed six session of chiropractic treatment to the lower back was not certified. The reviewer indicated there were no records available, nor the treating physician and/assistant to verify whether or not conservative care in the past has been of benefit as well as the number of visits that have been prescribed and/or utilized by this applicant. It was also unknown what the claimant's response to care and/or their compliance. The reviewer references that the ODG, MTUS and ACOEM guidelines detailed that continued chiropractic care may be medically indicated and/or warranted, however, authorization should be in short, about 6-8 visits and only when both subjective and objective improvement is noted. The reviewer indicated there was no documentation demonstrating objective functional improvement as a result of previously provided treatment to substantiate the necessity of additional treatment and no indication as to how much treatment has already been provided, the requested care would not be medically necessary, reasonable or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care, 6 sessions-lower back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8C.C.R. 9792.20-9792.26 MTUS Manual Therapy & Manipulation Chapter Page(s): 58-60.

Decision rationale: The applicant sustained an industrial injury that occurred on June 12, 2013 while employed by [REDACTED] as a bus driver. He sustained an injury to the lower back while assisting a wheelchair customer. He bent forward to secure the security belt on the chair and as he stood up he experienced acute low back pain. He has had prior lumbar epidural steroid injections which was beneficial and helped him return to full time work. There was improvement with Ibuprofen at night. The evaluating physician indicated that the applicant is interested in chiropractic care as he never had it before. He reports flare-up of his low back and pain. He was returning full duty to work as of 4/12/14. The MTUS Chronic Pain Guidelines recommend manipulation if caused by musculoskeletal conditions. The reviewed records indicate that the applicant continues to experience lower back pain which is a musculoskeletal condition. In review of most recent medical report dated 5/2/14 stated that the applicant has undergone any chiropractic treatments. For the lower back the guidelines for therapeutic care recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The requested six chiropractic sessions are within the guidelines, is medically necessary and appropriate.

Acupuncture w/[REDACTED], 6 sessions-low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Additional six acupuncture sessions to lower back was not found not to be medically necessary or appropriate. In review of medical report dated 5/2/14 with regards to an authorization request for six additional acupuncture sessions to the lower back. There was also a request for chiropractic treatment six sessions to the lower back. Although, upon review of acupuncture functional improvement questionnaire, indicated pain has improved with acupuncture treatment 50-75%, which lasts 3 weeks. The applicant has still remained symptomatic despite medications and physical therapy. The additional six acupuncture sessions to the low back in this particular case is not medically necessary or appropriate. Although, there was reference that the applicant has in fact received prior acupuncture treatment since December 11, 2013 there was no indication as the number of acupuncture visits rendered to date. While MTUS specifically support acupuncture treatment of low back pain, there is a limitation of three to six treatment to produce functional improvement, frequency 1 to 3 times per week and optimum duration 1-2 months. The applicant's current medications continue to include Omeprazole 20 mg delayed release capsule and, Ibuprofen 800mg one table as needed. The Acupuncture MTUS Guidelines also indicated that acupuncture is used as an option when pain medication is reduced or not tolerated.