

Case Number:	CM14-0085512		
Date Assigned:	06/23/2014	Date of Injury:	09/24/2004
Decision Date:	07/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 Geriatrics 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:

The injured worker is a woman with a date of injury of 9/24/04. She was seen by her physician on 5/13/14 after an MRI for follow-up. The MRI of 5/2/14 showed a 9mm enhancing mass along the cauda equina at T12, likely intradural and may be a small schwannoma or meningioma and mild to moderate multilevel degenerative disease and facet hypertrophy with bilateral recess stenosis at L3-4 and L4-5. There is no physical exam documented. She was to continue light duty with limited lifting and sitting as needed. She was said to have ongoing low back pain with stiffness and weakness and a trial of chiropractic and acupuncture twice weekly for six weeks was requested for her spinal stenosis, radiculopathy and sciatica. The chiropractic and acupuncture are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 4, 8-9.

Decision rationale: Acupuncture Acupuncture is used 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. The records do not indicate that she is not able to return to productive activities with limitations or that she is participating in an ongoing exercise program to which the acupuncture would be an adjunct. In this injured worker, the medical records do not show that pain medication was reduced or not tolerated to support the medical necessity for 12 acupuncture treatments.

Chiropractic 2x6 low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 58-59, Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The records do not indicate that she is not able to return to productive activities or that she is participating in an ongoing exercise program to which the chiropractic therapy would be an adjunct. The records do not support the medical necessity of 12 sessions of chiropractic therapy.