

Case Number:	CM14-0087727		
Date Assigned:	07/23/2014	Date of Injury:	07/15/2013
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/11/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 15, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, manipulative therapy, and acupuncture; transfer of care to and from various providers in various specialties; and a lumbar support. In a Utilization Review Report dated May 21, 2014, the claims administrator partially certified a request for 12 sessions of acupuncture as six sessions of acupuncture and denied a request for 12 sessions of chiropractic manipulative therapy outright. The claims administrator acknowledged that the request represented a continuation of acupuncture. The claims administrator suggested that the applicant might be improving with acupuncture in terms of range of motion. The claims administrator, somewhat incongruously, then denied the request for manipulative treatment on the grounds that the applicant had failed to profit from the same. The applicant's attorney subsequently appealed. In a physical therapy note dated December 23, 2013, the applicant was described as having 36 sessions of physical therapy through that point in time. Some of the modalities performed included therapeutic exercises, manual interventions, electrical stimulation and cryotherapy. In a log of treatments dated May 1, 2014, the treating chiropractor acknowledged that the applicant had had seven sessions of manipulative therapy between February 21, 2014 and April 21, 2014. Similarly, in an acupuncture log dated April 24, 2014, it was acknowledged that the applicant had had seven sessions of acupuncture between February 25, 2014 through April 8, 2014. In said physical therapy progress note of December 23, 2013, it was acknowledged that the applicant was "unable to work" secondary to dysfunction at that point in time. In a January 24, 2014 progress note, the applicant was again placed off of work, on total temporary disability, while additional physical therapy was endorsed. On a

physical therapy note of August 14, 2013, it was again acknowledged that the applicant was not working and remained off of work, on total temporary disability. Several handwritten chiropractic, physical therapy, and acupuncture progress notes interspersed throughout early 2014 were reviewed. The applicant's work status, functional status, and response to the earlier treatments were not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

twelve (12) Acupuncture Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Acupuncture Guidelines and Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question represents a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has not recounted or established the presence of any tangible, material, or concrete improvements in function achieved as a result of at least 7 to 13 sessions of acupuncture performed to date. The very fact that the applicant's treating providers, however, are renewing total temporary disability status from visit to visit, suggest a lack of functional improvement as defined in the MTUS 9792.20f, despite earlier acupuncture treatment. Therefore, the request of twelve (12) Acupuncture Treatments is not medically necessary and appropriate.

Twelve (12) Chiropractic Treatments: 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 Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support a "total up to 24" visits in applicants who demonstrate treatment success with manipulative therapy by achieving and/or maintaining return to work status, in this case, however, the applicant is off of work, on total temporary disability, despite having completed earlier unspecified amounts of chiropractic manipulative therapy. Continuing manipulative treatment in the face of the applicant's failure to respond favorably to earlier treatment is not indicated. Therefore, the request of twelve (12) Chiropractic Treatments is not medically necessary and appropriate.

