

Case Number:	CM14-0088384		
Date Assigned:	07/23/2014	Date of Injury:	06/25/2000
Decision Date:	12/31/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/12/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 06/25/00 when she slipped and fell on a wet bathroom floor. She was seen by the requesting provider on 12/12/13. She was requesting a trigger point injection and additional acupuncture treatments. She was having pain over the iliolumbar ligaments radiating to the buttocks. She was continuing to work without restriction. She was not taking medications. She was planning on beginning a home exercise program. Physical examination findings included decreased lumbar spine range of motion with bilateral iliolumbar ligament tenderness and bilateral lumbar paraspinal muscle spasms with trigger points. There was a normal neurological examination. Facet loading was positive. Trigger point injections were performed and she was referred for acupuncture treatments. On 05/01/14 had completed chiropractic and acupuncture treatments. The note references the claimant as requesting further treatments. She was considering a lumbar epidural injection. She was having back pain and occasional left lower extremity symptoms including numbness, tingling, and weakness. Physical examination findings included decreased left lower extremity strength, sensation, and left ankle reflex with positive straight leg raise. Trigger point injections were performed and authorization for additional chiropractic care and acupuncture was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for low back 8 units 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. Recent treatments have included a course of acupuncture and chiropractic care. A home exercise program is referenced. The claimant continues to receive trigger point injections. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already received acupuncture treatments consistent with guidelines recommendations and is working without restrictions. Additional acupuncture treatment is not medically necessary.

Chiro therapy low back 8 units 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. Recent treatments have included a course of acupuncture and chiropractic care. A home exercise program is referenced. The claimant continues to receive trigger point injections. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits with treatment beyond 4-6 visits considered if there is documented objective improvement in function. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. In this case, the claimant has already received chiropractic care consistent with guidelines recommendations and is working without restrictions. Therefore the request is not medically necessary.