

Case Number:	CM14-0089498		
Date Assigned:	09/19/2014	Date of Injury:	09/05/2013
Decision Date:	11/21/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine and is licensed to practice in Utah. 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 31 year-old female. The patient's date of injury is 9/5/2013 or 9/12/2013 (as both are stated). The mechanism of injury is described as repetitive movements. The patient has been diagnosed with lumbar sprain/strain and Muscle spasm of the back. The patient's treatments have included work restrictions, imaging studies, back support and medications. The physical exam findings dated 11/20/2013 shows the patient with a normal gait and posture. There is no weakness of the lower extremities. There are noted spasms of the thoracolumbar spine and paravertebral muscles. There is no tenderness over same area. The Patrick test is negative. There are no restrictions on ranges of motion for the back. The neurological exam is 2/2. The patient's medications have included, but are not limited to, Ultram, Norflex, Tylenol, and Relafen. The request is for Acupuncture and Chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture #2 (Unspecified Body part): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. MTUS guidelines state the following: "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. There is no documentation that states the patient has their medications not tolerated or that this is going to be used as an adjunct to physical rehabilitation. There is no specific goal or body part listed with the request. According to the clinical documentation provided and current MTUS guidelines; Acupuncture #2, as requested above, is not indicated as a medical necessity to the patient at this time.

Chiropractic # 6 (Unspecified Body part): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: MTUS guidelines state the following: Manual Therapy and Manipulation recommendations. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended: Low back: Recommended as an option. According to the clinical documents it is unclear what the goals of manual medicine are, and what body parts would be involved in the treatment. According to the clinical documentation provided and current MTUS guidelines; Chiropractic #6 manipulative treatment, as per request, is not indicated a medical necessity to the patient at this time.