

Case Number:	CM14-0089885		
Date Assigned:	07/23/2014	Date of Injury:	09/07/2006
Decision Date:	10/09/2014	UR Denial Date:	05/15/2014
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 Internal 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:

Patient is an injured worker with complaints of lumbar and knee pain. Date of injury was 09-07-2006. Regarding the mechanism of injury, patient was injured when the knees gave out and he fell. Primary treating physician's orthopedic report dated December 18, 2013 documented subjective complaints of pain in the lumbar spine region as well as the right knee. Lumbar spine examination was documented. He had diffuse paraspinal muscle tightness and tenderness. Range of motion was limited. He had a positive straight leg raise on the right and left side at 50 degrees. Left knee examination demonstrated well-healed incision, no sign of infection, good range of motion, and no instability. Right knee exam demonstrated medial and lateral joint line tenderness with positive effusion. No instability was detected. Diagnoses were multilevel lumbar discopathy, right knee chondromalacia with partial thickness tear of the anterior cruciate ligament and posterior cruciate ligament, left knee anterior cruciate ligament tear, status post left knee anterior cruciate ligament reconstruction with partial meniscectomy, left knee chondromalacia, and bilateral lower extremity radiculopathy. Treatment plan included Norco, Ultram and Soma. Progress report dated 1/9/14 documented a recommendation for physical therapy two times a week for six weeks. Progress report dated February 21, 2014 documented that the patient had ongoing pain in the lower back that is radiating down both legs with numbness going to the toes. The pain is still 8 or 9/10. The patient had four or five sessions of physical therapy, but the physical therapy is actually aggravating his symptoms. Physical therapy was put on hold. Progress report dated 4/9/14 documented lumbar tenderness. Treatment plan included Ultram and Flexeril. Acupuncture was requested. Acupuncture (no duration/frequency) to the lumbar spine and chiropractic (no duration/frequency) to the lumbar spine were requested 4/21/14. Utilization review determination date was 5/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Chiropractor (no duration/frequency) to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 299, 308, Chronic Pain Treatment Guidelines Chiropractic treatment; Manual therapy & manipulation Page(s): 30; 58-60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. For low back conditions, a trial of 6 visits is an option. Per MTUS guidelines, chiropractic treatment, manual therapy and manipulation are not recommended for carpal tunnel syndrome, forearm, wrist, hand, knee, ankle, or foot conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and palliative interventions are without meaningful long-term benefit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 308) states that prolonged course of manipulation (longer than 4 weeks) are not recommended. Medical records document the diagnoses of multilevel lumbar discopathy and radiculopathy. Progress report dated February 21, 2014 documented that the patient had four or five sessions of physical therapy, but the physical therapy was actually aggravating his symptoms. Physical therapy was put on hold. Chiropractic visits for the lumbar spine were requested. But no duration or frequency was specified for the chiropractic visits. Without a specified duration and frequency, the request for chiropractic visits cannot be endorsed. MTUS guidelines recommend chiropractic visits with limitations, and do not support unlimited or an unspecified number of chiropractic visits.

Trial Acupuncture (no duration/frequency) to lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. MTUS

Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Medical records document the diagnoses of multilevel lumbar discopathy and radiculopathy. Acupuncture treatments for the lumbar spine were requested. But no duration or frequency was specified for the acupuncture visits. Without a specified duration and frequency, the request for acupuncture visits cannot be endorsed. MTUS guidelines recommend acupuncture visits with limitations, and do not support unlimited or an unspecified number of acupuncture visits.