

Case Number:	CM14-0194336		
Date Assigned:	12/02/2014	Date of Injury:	06/14/2013
Decision Date:	01/15/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/20/2014

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:

The injured worker (IW) is a 58-year-old man with a date of injury of June 14, 2013. The IW violently rear-ended in the street sweeper he was driving while stopped at an intersection. The impact caused with IW to crash into the car in front of him, and that car crashed into the car in front of them. His street sweeper was totally destroyed. He has ongoing treatment of physical therapy (PT) MRI and injections. The current working diagnoses are lumbar spine herniated nucleus pulposus with radiculopathy; cervical spine herniated nucleus pulposus with radiculopathy; thoracic spine strain/sprain; secondary sleep deprivation; secondary stress; and worsening hypertension. Pursuant to the most recent progress report dated September 9, 2014, the IW complains of pain, spasms, stiffness in the neck and back with numbness and tingling in all four extremities. Sleep is poor and he is stressed due to the pain. Physical examination reveals a normal lumbar range of motion. Straight leg raise test is positive at 45 degrees on the right and 60 degrees on the left. Sensation is decreased in the left posterior leg. Tenderness to palpation and spasms noted in the low back. Motor strength is not documented. Treatment plan is to request acupuncture and chiropractic care to decrease pain and increase function. The current request is for chiropractic treatment X 6 visits to the lumbar spine, and acupuncture X 6 visits for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the lumbar spine; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Chiropractic Treatment

Decision rationale: Pursuant to the Official Disability Guidelines, chiropractic treatment to lumbar spine 6 sessions is not medically necessary. The Official Disability Guidelines enumerates the treatment frequency and duration. Under therapeutic care, mild: up to six visits over two weeks. Severe: trial six visits over two weeks with evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks, if acute, avoid criticism. Recurrence/flare-ups need to re-evaluate treatment success, if returned to work achieved then 1 to 2 visits every 4 to 6 months when there is evidence of significant functional limitations on exam that are likely to respond to chiropractic care. In this case, the injured worker received physical therapy to the lumbar spine. Authorization was submitted April 2014 and the treatment completed in June 2014. There is no documentation of objective functional improvement associated with physical therapy. Documentation is unclear as to whether prior chiropractic treatment was administered to the injured worker. The treating physician requested six sessions of chiropractic treatment. The guidelines recommend up to six visits over two weeks if chiropractic care was being rendered for the first time. Additional treatment will be based on objective functional improvement. However, if this is a recurrence or flare-up and the injured worker has returned to work, then 1 to 2 visits every 4 to 6 months may be indicated if there is significant functional limitations that are likely to respond to chiropractic care. Consequently, additional information is needed to make the chiropractic treatment determination along with documentation of objective functional improvement. Based on the clinical information in the medical records and the peer-reviewed evidence-based guidelines, six sessions chiropractor treatment of the lumbar spine is not medically necessary.

Acupuncture for the lumbar spine; 6 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, acupuncture to the lumbar spine 6 sessions is not medically necessary. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Acupuncture guidelines recommend an initial trial of 3 to 4 visits over two week; with evidence of objective functional improvement total of up to 8 to 12 visits over 4 to 6 weeks may be permitted. In this case, the injured worker received physical therapy to the lumbar spine. It is unclear in the documentation whether the injured worker received prior acupuncture treatments. The authorization was submitted in April 2014 and completed in June

2014. There is no documentation of objective functional improvements associated with physical therapy. Additionally, the injured worker continues to complain of pain, spasms and stiffness in the back radiating to all extremities. The treating physician requested six sessions, however the guidelines recommend 3 to 4 visits over two weeks with reevaluation to determine objective functional improvement. Additional treatments may be authorized at that time. Consequently, six acupuncture sessions the lumbar spine is not medically necessary.