

Case Number:	CM14-0194518		
Date Assigned:	12/02/2014	Date of Injury:	08/21/2005
Decision Date:	01/15/2015	UR Denial Date:	10/27/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49-year-old male with injury date of 08/21/05. Based on the 08/14/14 progress report, the patient complains of neck and lower back pain. Patient's pain is aggravated by sitting, standing, and sleeping for a long time. Physical examination revealed decreased cervical and lumbar range of motion, and moderate spasms in patient's neck and entire lower back. Examination also revealed tenderness to palpation over patient's neck and his entire lower back. Maximum Cervical Compression, Shoulder Depression, Bechterew, Kemp's, and Gaenslen's tests were positive. Physician planned for 12 sessions of acupuncture and chiropractic treatment per 07/15/14 report. Patient noticed about 50% reduction of pain from these therapies per 10/07/14 report. Physician requests additional 12 session of chiropractic and acupuncture therapy per 10/07/14 report. Patient has not been working at least from 01/20/14 report. Diagnostic test-MRI 10/10/13: significant soft and hard disc herniation at C6-7 with severe spinal cord compression, as well as foraminal narrowing at C6-7 per 06/03/14 progress report.-EMG/NCV study: findings consistent with C6-7 radiculopathy per 06/03/14 report. Diagnosis 06/03/14- Severe spinal cord compression and cervical radiculopathy at C6-7. The requests are for Acupuncture Two Times a Week for Six Weeks for Cervical Spine and Chiropractic Treatment Two Times a Week for Six Weeks for The Cervical Spine. The utilization review determination being challenged is dated 10/27/14. The rationale is prior chiropractic and acupuncture treatment was associated with a 70 percent reduction in pain, but the specific number of visits, the dates of those visits, and the specific functional improvements associated with those visits are not adequately documented. Treatment reports were provided from 01/20/14 to 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13 OF 127.

Decision rationale: Patient presents with neck and lower back pain. The request is for Acupuncture Two Times a Week for Six Weeks for Cervical Spine. Patient's diagnosis dated 06/03/14 included severe spinal cord compression and cervical radiculopathy at C6-7. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). Per progress report dated 10/7/14 states that physician is requesting additional 12 sessions of acupuncture because the patient had about 50% reduction of pain. However, patient's functional improvement from prior treatment was not documented. "Functional Improvement per labor code 9792.20(e) is significant change in ADL's or, change in work status/return to work and reduction of medical treatment dependency. In this case, the physician only documents analgesia without functional improvement. The requested additional acupuncture is not medically necessary.

Chiropractic treatment two times a week for six weeks for the cervical spine: Upheld

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

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

Decision rationale: Patient presents with neck and lower back pain. The request is for Chiropractic Treatment Two Times a Week for Six Weeks for the Cervical Spine. Patient's diagnosis dated 06/03/14 included severe spinal cord compression and cervical radiculopathy at C6-7. MTUS Guidelines pages 58-59 states, Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, not medically necessary. Per progress report dated 10/7/14 states that physician is requesting additional 12 sessions of chiropractic therapy because the patient had about 50% reduction of pain. However, patient's functional improvement from prior treatment was not documented. Functional Improvement per labor code 9792.20(e) is significant change in ADL's or, change in work status/return to work and reduction of medical treatment dependency. In this case, the physician only documents analgesia without functional improvement. The requested additional chiropractic treatment is not medically necessary.

