

Case Number:	CM14-0197860		
Date Assigned:	12/08/2014	Date of Injury:	09/22/2011
Decision Date:	01/22/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/25/2014

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, has a subspecialty in Nephrology 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:

This is a 42-year-old male with a 9/22/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 3/8/13 noted subjective complaints of low back pain. Objective findings included decreased cervical ROM and lumbar paraspinal tenderness. Diagnostic Impression: cervical disc displacement, bursitis of shoulder. Treatment to Date: medication management, ESI, physical therapy, chiropractic, and acupuncture. A UR decision dated 10/24/14 denied the request for chiropractic 2x4 for the lumbar spine, cervical spine, and right shoulder. Functional improvement with previous treatments has not been indicated in the records. It also denied acupuncture 1x6 for the lumbar spine, cervical spine, and right shoulder. Functional improvement with previous treatments has not been indicated in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x4 for the lumbar spine, cervical spine, and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173; 298-299, Chronic Pain Treatment

Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state, regarding the low back and neck, that with evidence of objective functional improvement with previous treatment and remaining functional deficits, a total of up to 18 visits is supported. In addition, elective/maintenance care is not medically necessary. CA MTUS does not specifically address chiropractic treatment of the shoulder. ODG states that there is limited evidence to specifically support the utilization of manipulative procedures of the shoulder and in general, it would not be advisable to use this modality beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. However, in the documents available for review, it is unclear how many prior chiropractic sessions the patient has had. There is no clear documentation of objective functional benefit derived from previous sessions. Therefore, the request for chiropractic 2x4 for the lumbar spine, cervical spine, and right shoulder was not medically necessary.

Acupuncture 1x6 for the lumbar spine, cervical spine, and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page 114

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. Specifically for the shoulder, CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. However, ODG states that among those shoulder indications found to have positive outcomes from acupuncture were rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following arthroscopic acromioplasty. However, in the documents available for review, it is unclear how many prior sessions of acupuncture the patient has already had. There is no clear documentation of objective functional benefit derived from prior sessions of acupuncture. Therefore, the request for acupuncture 1x6 for the lumbar spine, cervical spine, and right shoulder was not medically necessary.