

Case Number:	CM14-0204061		
Date Assigned:	12/16/2014	Date of Injury:	01/13/2010
Decision Date:	02/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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 Practice, 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:

61 yr. old female claimant sustained a work injury on 1/13/10 involving the neck, back and left shoulder. She was diagnosed with cervical disc protrusion, lumbar disc protrusion, left shoulder impingement and cervical radiculitis. Progress note on 11/10/ 2014 indicated the claimant had 5/10 pain involved areas. Exam findings were notable for cervical spasms. There was limited range of motion in the lumbar spine. The left shoulder had impingement findings. The physician requested topical compound creams, MRI if the neck, shoulder, lumbar spine and the use of medical foods (Theramine, Gabadone, Sentra AM, and Sentra PM). In addition, 8 sessions of chiropractor therapy and 4 sessions of acupuncture were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy 2x4 for the lumbar/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 Chronic Pain Treatment Guidelines manual therapy.

Decision rationale: According to the guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Trial of 6 visits over 2 weeks, with evidence of

objective functional improvement is recommended as an option for low back pain. In this case, there is no evidence of response to intervention over 6 sessions to allow for sessions beyond the amount recommended. The request exceeds the amount recommended in the guidelines and is therefore not medically necessary.

Acupuncture 1x4 to the lumbar/cervical spines and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "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. Frequency and duration is 3-6 sessions to determine improvement. In this case there is no indication that alternate options are not tolerated or that medication is being reduced. Since acupuncture is considered an option, it is not medically necessary.