

Case Number:	CM15-0009039		
Date Assigned:	01/27/2015	Date of Injury:	03/17/2013
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 is a 54 year old male with an industrial injury dated March 17, 2013. The injured worker's diagnoses include cervical discopathy, cervical myalgia and lumbar discopathy. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, acupuncture, chiropractic therapy, consultation, and periodic follow up visits. According to the progress note dated 12/2/14, the injured worker reported constant, sharp, throbbing burning pain with numbness, fatigue and tenderness. Physical exam revealed decrease range of motion in the lumbar and cervical spine. The treating physician prescribed services for chiropractic treatment at 1 x per month for evaluation and continued acupuncture at 1 x 6. Per a prior review dated 1/2/15, the claimant has had at least 28 chiropractic treatments since Dec 2013. Per a Pr-2 dated 12/2/2014, the claimant has sharp throbbing burning pain with numbness. Examination findings show positive compression test and decreased range of motion in the spine. He is working modified duties. Per a PR-2 dated 10/17/2014, the claimant had similar findings to 12/2/2014. A QME dated 7/30/2014, the claimant has reached maximal medical improvement and requires no further diagnostic studies or medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment at 1 x per month for evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 and 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant has already had over 28 chiropractic visits which exceeds the 24 visit maximum. The claimant has had extensive chiropractic with no documented functional improvement. Furthermore, the claimant has reached maximum medical improvement with no recommendation for future treatment. Therefore further visits are not medically necessary.

Continued Acupuncture at 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. "Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary."