

Case Number:	CM15-0100159		
Date Assigned:	06/02/2015	Date of Injury:	08/19/1991
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on 08/19/1991. He has reported injury to the low back and bilateral knees. The diagnoses have included L2-L3 moderate left and mild posterior disc bulge with facet hypertrophy; L3-L4 mild bilateral neural foraminal narrowing, secondary to a posterior disc bulge and facet joint hypertrophy; L4-L5 mild right neural foraminal narrowing, secondary to a posterior disc bulge and facet hypertrophy; L5- S1 disc bulge without evidence of canal stenosis; and Tarlov cyst. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, inversion table, chiropractic therapy, home exercise program, and surgical intervention. A progress note from the treating physician, dated 03/20/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of achiness and dull pain isolated in the low back region; pain is rated at 5/10 on the pain scale; and he reports that he has had good results with the combination of acupuncture with chiropractic care. Objective findings included mild-to-moderate tenderness and mild spasm at the lumbar paraspinals L1-L5 levels, more so on the right side than on the left side; decreased lumbar range of motion; end-range lumbar extension with pain and crepitus elicited; bilateral Kemp's sign is positive, with right side worse than left; and bilateral deep tendon reflexes patellar and S1 are slightly hyporeflexive at 1+ to 2+. The treatment plan has included the request for six (6) chiropractic sessions; and six (6) acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic sessions: Overturned

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 manipulation Page(s): 58-59.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on Manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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. Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments Manual manipulation is recommended form of treatment for chronic pain. The request is not in excess of recommendations and is certified. Therefore, the requested treatment is medically necessary.

Six (6) acupuncture sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is not in excess of recommendations and is certified. Therefore, the requested treatment is not medically necessary.