MAXIMUS Federal Services

Case Number:	CM15-0107829		
Date Assigned:	06/12/2015	Date of Injury:	01/28/2003
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/04/2015

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: Physical Medicine & Rehabilitation

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 66-year-old male, who sustained an industrial injury on 1/28/2003. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar spondylosis. Treatment to date has included pool exercises and medications. Currently (5/05/2015), the injured worker complains of pain in his low back and bilateral knees, rated 1-2/10. He reported a flare-up of pain a few weeks prior, with pain rated 6-7/10. Current medications included Naproxen and Cyclobenzaprine. A review of symptoms noted positive for irregular heartbeat/palpitations, back pain, bone/joint symptoms, joint pain/swelling/stiffness, unsteady gait, and easy bruising. Physical exam noted tenderness to palpation of the paraspinal muscles and painful range of motion. The assessment noted low back pain, which is facet mediated pain, likely primary pain generator, bilateral knee pain with features of myofascial pain versus arthritic changes, compensatory myofascial pain, and retired firefighter with chronic pain syndrome. The treatment plan included modalities, including acupuncture and chiropractic, evaluations and treatment x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture evaluation and treatment x 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Based on the 05/05/15 progress report provided by treating physician, the patient presents with low back pain rated 1-2; treater states the pain was rated 6-7/10 a few weeks prior. The patient is status post lumbar surgery 2000. The request is for ACUPUNCTURE EVALUATION AND TREATMENT X 12 VISITS. Patient's diagnosis per Request for Authorization form dated 05/05/05 includes lumbar spondylosis. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscles. Range of motion was painful on extension and rotation bilaterally. Treatment to date has included pool exercises, home exercise program and medications. Patient's medications include Naproxen and Cyclobenzaprine. The patient is retired, per 05/05/15 report. 9792. 24. 1. 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 05/05/15 report, treater states, "the patient may be a good candidate for modalities such as physical therapy, acupuncture, and chiropractic care. " Given patient's continued symptoms, diagnosis, and no reference to prior treatment, a trial of acupuncture would be indicated by guidelines. However, neither medical rationale for the request nor precise treatment history was provided. Furthermore, the request for 12 sessions exceeds guideline recommendations. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Chiropractor evaluation and treatment x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic guidelines.

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

Decision rationale: Based on the 05/05/15 progress report provided by treating physician, the patient presents with low back pain rated 1-2; treater states the pain was rated 6-7/10 a few weeks prior. The patient is status post lumbar surgery 2000. The request is for CHIROPRACTOR EVALUATION AND TREATMENT X 12 VISITS. Patient's diagnosis per Request for Authorization form dated 05/05/05 includes lumbar spondylosis. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinal muscles. Range of motion was painful on extension and rotation bilaterally. Treatment to date has included pool exercises, home exercise program and medications. Patient's medications include Naproxen and Cyclobenzaprine. The patient is retired, per 05/05/15 report. MTUS Guidelines, pages 58-59, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Per 05/05/15 report, treater states,

"the patient may be a good candidate for modalities such as physical therapy, acupuncture, and chiropractic care. " Given patient's continued symptoms, diagnosis, and no reference to prior treatment, a trial of chiropractic would be indicated by guidelines. However, neither medical rationale for the request nor precise treatment history was provided. Furthermore, the request for 12 sessions exceeds guideline recommendations. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.