

Case Number:	CM15-0012938		
Date Assigned:	01/30/2015	Date of Injury:	10/25/2013
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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 61 year old female injured worker suffered an industrial injury on 10/25/2013. The diagnoses were lumbar radiculitis, lumbar spinal stenosis, and lumbar intervertebral disc with myelopathy and disc protrusion, internal derangement of the right shoulder, rotator cuff syndrome right shoulder, internal derangement bilateral knees and sprain/strain bilateral knees. The diagnostic studies were magnetic resonance imaging of the left/right knees, lumbar spine, x-rays of the left and right knees, right shoulder, and lumbar spine. The treatments were medications, epidural steroid injections. Per a PR-2 dated 12/18/2014, the treating provider reported intermittent tingling of the lumbar spine with pain level of 8/10 with positive straight leg raise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6 lumbar spine bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy & manipulation, Page(s): 58-60.

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

Decision rationale: It appears that this is a request for an initial chiropractic trial. Evidenced based guidelines recommend a trial of chiropractic. However, a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further chiropractic may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of prior chiropractic. Also the duration and total amount of visits should be submitted. Also chiropractic therapy is not recommended for the knee. Therefore twelve visits of chiropractic are not necessary.

Acupuncture 2x6, for lumbar spine bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy & manipulation, Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted.