

Case Number:	CM15-0136691		
Date Assigned:	07/24/2015	Date of Injury:	06/13/2013
Decision Date:	08/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year old man sustained an industrial injury on 6/13/2013. The mechanism of injury is not detailed. Diagnoses include gastroesophageal reflux disease, abdominal pain, depression and anxiety, cervical disc degeneration and stenosis, bilateral cervical radiculopathy, status post cervical spine surgery, closed head injury with post-traumatic headaches, and lumbar radiculopathy. Treatment has included oral medications, acupuncture, and chiropractic care. Physician notes dated 6/1/2015 show complaints of headaches rated 6-7/10, neck and bilateral shoulder pain rated 5-7/10, low back pain rated 6-8/20 with radiation to the right buttock and thigh, and sleep difficulty secondary to pain. Recommendations include Norco, thermacare wrap, Restoril, additional chiropractic care and acupuncture session, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) additional chiropractic sessions 2x for 4 weeks for treatment of the lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for neck and low back pain. In April 2015, acupuncture and chiropractic treatments were pending. Pain was rated at 6-8/10. Norco 10/325 mg #90 was also being prescribed. When seen, he had completed six chiropractic treatment sessions and six sessions of acupuncture with improvement in pain and range of motion. He was continuing to take Norco. Pain was rated at 6-8/10. Physical examination findings included a mildly antalgic gait. There was lumbar paraspinal tenderness with decreased range of motion and positive straight leg raising. Medications were refilled including Norco 10/325 mg #90. Temporary partial disability and work restrictions were continued unchanged. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, there is no evidence of functional improvement. The claimant's pain levels and opioid medication usage are unchanged. The additional treatments are not medically necessary.

Eight (8) additional acupuncture sessions 2x for 4 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for neck and low back pain. In April 2015, acupuncture and chiropractic treatments were pending. Pain was rated at 6-8/10. Norco 10/325 mg #90 was also being prescribed. When seen, he had completed six chiropractic treatment sessions and six sessions of acupuncture with improvement in pain and range of motion. He was continuing to take Norco. Pain was rated at 6-8/10. Physical examination findings included a mildly antalgic gait. There was lumbar paraspinal tenderness with decreased range of motion and positive straight leg raising. Medications were refilled including Norco 10/325 mg #90. Temporary partial disability and work restrictions were continued unchanged. The role of acupuncture is addressed in the treatment of chronic pain with a time to produce functional improvement of 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, meaning either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Guidelines recommend a frequency from 1 to 3 times per week with optimum duration of 1 to 2 months. In this case, there is no evidence of functional improvement. The claimant's pain levels and opioid medication usage are unchanged. The additional treatments are not medically necessary.