

Case Number:	CM15-0161432		
Date Assigned:	08/27/2015	Date of Injury:	06/17/2015
Decision Date:	10/02/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for neck, shoulder, hand, finger, and low back pain reportedly associated with an industrial injury of June 17, 2015. In a Utilization Review report dated July 27, 2015, the claims administrator partially approved a request for 12 sessions of manipulative therapy as six sessions of the same, and seemingly approved a neurology consultation. A July 13, 2015 progress note was referenced in the determination. The claims referenced non-MTUS Chapter 7 ACOEM Guidelines, and furthermore, mislabeled the same as originating from the MTUS, it was incidentally noted. The applicant and/or applicant's attorney subsequently appealed. On July 13, 2015, the applicant reported multifocal complaints of neck, hand, middle finger, low back, and calf pain with derivative complaints of anxiety, depression, and psychological stress. 12 sessions of acupuncture, 12 sessions of manipulative therapy, x-rays of cervical spine, lumbar spine, left middle finger, a neurology consultation, hot and cold pack, Naprosyn, Flexeril, Protonix, and unspecified topical compounds were endorsed. The applicant was seemingly returned to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 to cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture for the cervical spine was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledged that acupuncture may be employed for a wide variety of purposes, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c.1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Here, thus, the request for 12 sessions of acupuncture at the outset of the treatment, thus, was at odds with MTUS principles and parameters. The attending provider failed to furnish a clear or compelling rationale for such a protracted course of acupuncture at the outset of treatment. Therefore, the request was not medically necessary.

Chiropractic treatment with physiotherapy and myofascial release 2x/ week for 6 weeks, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114, Official Disability Guidelines - Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: Similarly, the request for 12 sessions of chiropractic manipulative therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, page 173, consistent with the application of any passive manual approach in injury care, manipulation should be incorporated within the context of a functional restoration program as opposed to for pain control purposes alone. Here, thus, the request for a lengthy, protracted 12-session course of chiropractic manipulative therapy, thus, was at odds with MTUS Guideline in ACOEM Chapter 8, page 173 as it did not contain a proviso to reevaluate the applicant in the midst of the treatment so as to ensure that the applicant was in fact demonstrating functional improvement and/or functional restoration with the same. Therefore, the request was not medically necessary.