

Case Number:	CM15-0169220		
Date Assigned:	09/10/2015	Date of Injury:	01/14/2014
Decision Date:	10/13/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/28/2015

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 53-year-old female who sustained an industrial injury on January 14, 2014. The worker was employed as a registered nurse. The accident was described as while working in the recovery room she had to independently transfer a client to an inpatient room in bed with intravenous pole and during the transfer she had to move in awkward position which caused an immediate onset of low back pain. She was evaluated treated and prescribed full work duty on March 05, 2014. An orthopedic evaluation dated January 28, 2015 reported previous treatment to involve: activity modification, medication, physical therapy, and acupuncture session. An internal medicine evaluation dated December 10, 2014 reported current medication regimen consisting of: Mobic, Motrin 800mg and Prilosec. A specialist follow up dated April 01, 2015 reported the impression of recurring DeQuervain's stenosing tenosynovitis, left wrist first dorsal compartment. She was administered an injection to the left wrist without incident. She is considered as permanent and stationary. She is diagnosed with: chronic residuals, strain and strain type injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents on 05/20/15 with improving left wrist pain following recent injection. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at this complaint. The request is for ACUPUNCTURE 2X6 FOR LUMBAR. The RFA was not provided. Physical examination dated 05/20/15 reveals full range of motion in the left hand and wrist with intact sensation and negative Finklestein's test noted. The patient's current medication regimen is not provided. Patient is currently working regular duties. MTUS Guidelines Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 12 sessions of acupuncture for this patient's lumbar pain, the request exceeds guideline recommendations. There is no evidence that this patient has undergone any recent acupuncture directed at her lower back complaint. MTUS guidelines specify 3 to 6 acupuncture treatments, with additional sessions contingent on improvements. Were the request for 3-6 treatments the recommendation would be for approval. However, the requested 12 treatments without establishing efficacy exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.

Chiropractic 2 x 6 for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The patient presents on 05/20/15 with improving left wrist pain following recent injection. The patient's date of injury is 01/14/14. Patient has no documented surgical history directed at this complaint. The request is for Chiropractic 2 x 6 for lumbar. The RFA was not provided. Physical examination dated 05/20/15 reveals full range of motion in the left hand and wrist with intact sensation and negative Finklestein's test noted. The patient's current medication regimen is not provided. Patient is currently working regular duties. MTUS Guidelines, Manual Therapy and Manipulation section, page 40 state: Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute 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 function 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. Treatment Parameters from state guidelines; a. Time to produce objective functional gains: 3-5 treatments b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. In regard to the 12 sessions of chiropractic manipulation for this patient's lumbar pain, the requesting physician has exceeded guideline recommendations. There is no indication that this patient has any recent chiropractic treatments directed at her

lumbar spine. MTUS guidelines specify 3 to 6 chiropractic treatments initially, with additional sessions contingent on improvements. Were the request for 3-6 sessions of chiropractic care, the recommendation would be for approval. However, the requested 12 treatments exceeds guideline recommendations and cannot be substantiated. Therefore, the request IS NOT medically necessary.