

Case Number:	CM15-0181455		
Date Assigned:	09/22/2015	Date of Injury:	04/21/2014
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/15/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 (IW) is a 53 year old female who sustained an industrial injury on 04-21-2014. The injured worker was diagnosed as having right shoulder subacromial bursitis, bilateral knee chondromalacia patella, left and right wrist sprain-strain, C5-C6 3 mm protrusion with neural encroachment, and L2-3 and L4-5 protrusions with neural encroachment. Treatment to date has included medications including Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. Medications improved activity tolerance and function at current dosing. With medications the worker was able to do light household duties, shop for groceries, take care of personal needs, and cook. Without the medication on board, the worker recalls frequent inability to adhere to recommended exercise regime due to pain. In the provider notes 08-07-2015 the injured worker complains of pain in the cervical pain rated a 6 on a scale of 0-10 with right greater than left upper extremity symptoms, right shoulder pain rated a 6 on a scale of 0-10, right wrist-hand pain rated a 5 on a scale of 0-10, right knee pain rated a 5 on a scale of 0-10, left knee pain rated a 3 on a scale of 0-10, and low back pain rated a 6 on a scale of 0-10 with right lower extremity symptoms. Objectively there was tenderness in the cervical and lumbar spine with diminished sensation in the left C6-C7 and L5-S1 dermatomes. The right shoulder had positive impingement signs. A request for authorization was submitted for acupuncture for twelve sessions, and chiropractic for twelve sessions. A Utilization Review decision 09-03-2015 non-certified the acupuncture request and modified the chiropractic request to allow for 2 sessions of chiropractic for a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Acupuncture.

Decision rationale: According to the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, and can be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement is within 3 to 6 treatments, up to 1 to 3 times per week. The optimum duration advised is 1 to 2 months, and in addition, acupuncture treatments may be extended if functional improvement is documented. The cited ODG recommends acupuncture as an option for multiple specific body parts, with an initial trial of 3-4 visits over 2 weeks, followed by an additional 8-12 visits, but only if there is evidence of functional improvement. Based on the cited guidelines and medical records available, the request for acupuncture 12 sessions is not medically necessary.

Chiropractic for twelve sessions: 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 based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute & Chronic), Manipulation ODG Neck and Upper Back (Acute & Chronic), Manipulation.

Decision rationale: Per the cited CA MTUS guidelines, manual therapy and manipulation is recommended for chronic pain, if caused by musculoskeletal conditions. It has been widely used in the treatment of musculoskeletal pain to achieve positive symptomatic or objective functional improvement. Manipulation of the low back is recommended for therapeutic trial, with a trial of 6 visits over 2 weeks, and evidence of objective functional improvement. It may also be indicated in cases of recurrence, but only after reevaluation and if the injured worker returned to work. MTUS does not discuss manipulation of the cervical spine. The ODG recommends manipulation as an option in acute low back pain without radiculopathy, and it may also be safe with good outcomes in those with chronic low back pain and in those with non-progressive radicular symptoms. The ODG further states that manipulation may be used for regional neck pain (9 visits over 8 weeks) and cervical nerve root compression with radiculopathy (trial 6 visits over 2-3 weeks). In the case of this injured worker, she has not had previous chiropractic care, but the number of visits requested, based on the specific body parts, exceeds cited guidelines.

Therefore, the request for chiropractic treatment lumbar and cervical spine for twelve sessions is not medically necessary and appropriate.

