MAXIMUS Federal Services

Case Number:	CM15-0183244		
Date Assigned:	09/24/2015	Date of Injury:	06/09/2015
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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, Illinois
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 injured worker is a 54 year old male who sustained an industrial injury June 9, 2015, to his neck, mid back, low back and knees. He underwent an MRI of the low back and left knee, referred to an orthopedic surgeon, and was prescribed anti-inflammatory medication and physical therapy. Past history included heart valve surgery (unspecified) February 28, 2008, on Coumadin and hypertension. According to an initial comprehensive primary treating physician's report dated August 14, 2015,the injured worker presented with complaints of; burning radicular neck pain and spasms, rated 8 out of 10 and associated with numbness and tingling of the bilateral upper extremities; burning radicular mid back pain and muscle spasms, rated 9 out of 10; burning radicular constant low back pain and muscle spasms, rated 9 out of 10, associated with numbness and tingling of the bilateral lower extremities without bowel or bladder problems; burning bilateral knee pain and muscle spasms, rated 7-8 out of 10 with numbness, tingling, and pain radiating to the feet. The injured worker reports that the pain is alleviated with medications, rest and activity restriction. Physical examination revealed; sensation is slightly diminished over the C5-C8 and T1 dermatomes in the upper extremities; thoracic spine- sensation intact T1-T12 bilaterally; lumbar spine- able to heel toe walk but pain with heel walking, able to squat 40% of normal due to low back pain, toe touch causes low back pain with the fingers at about 4 inches from the ground, positive straight leg raise left and right at 40 degrees, slightly decreased sensation at L4, L5, and S1 dermatomes, bilaterally; bilateral knees tenderness to palpation over the medial and lateral joint line and the patellofemoral joint bilaterally. Diagnoses are cervical spine, thoracic spine, lumbar spine strain, sprain, rule out herniated nucleus pulposus; rule out

cervical spine radiculopathy; rule out lower extremity radiculitis bilaterally; bilateral knee sprains, strain, rule out derangement. Treatment plan included medication, orders for a TENS (transcutaneous electrical nerve stimulation) unit, shockwave therapy, MRI's, and at issue, a request for authorization for acupuncture and chiropractic treatment of the cervical spine, thoracic, lumbar spine and bilateral knees. An MRI of the right knee dated July 31, 2015 (report present in the medical record) impression is documented as; tear of the free margin of the medial meniscus; focal full-thickness articular cartilage loss of the far posterior aspect of the lateral femoral condyle (some language double-typed); partial- thickness articular cartilage loss of the medial aspect of the patellofemoral compartment. According to utilization review dated September 4, 2015, the request for x-rays of the cervical spine is certified. The request for x-rays of the thoracic spine is certified. The request for acupuncture for the cervical spine, thoracic spine, lumbar spine, and bilateral knees in a frequency of (3) times a week for a period of (6) weeks (18 sessions) was modified and recommended for certification of (6) sessions. The request for chiropractic treatment for the cervical spine, thoracic spine, lumbar spine, and bilateral knees in a frequency of (3) times per week for a period of (6) weeks (18 sessions) was modified and recommended for certification of (6) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture of the Cervical spine, Thoracic spine, lumbar spine and bilateral knees in a frequency of 3 times per week for period of 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The injured worker sustained a work related injury on June 9, 2015. The medical records provided indicate the diagnosis of cervical spine, thoracic spine, lumbar spine strain, sprain, rule out herniated nucleus pulposus; rule out cervical spine radiculopathy; rule out lower extremity radiculitis bilaterally; bilateral knee sprains, strain, rule out derangement. Treatments have included anti-inflammatory medication and physical therapy. The medical records provided for review do not indicate a medical necessity for Acupuncture of the cervical spine, Thoracic spine, lumbar spine and bilateral knees in a frequency of 3 times per week for period of 6 weeks: The MTUS recommends (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef).The medical records indicate this is a new acupuncture request. Therefore, the request for 3 visits per week for six weeks is not medically necessary without documented evidence of functional improvement.

Chiropractic treatment for Cervical spine, Thoracic spine, lumbar spine and bilateral knees in a frequency of 3 times per week for period of 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

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

Decision rationale: The injured worker sustained a work related injury on June 9, 2015,. The medical records provided indicate the diagnosis of cervical spine, thoracic spine, lumbar spine strain, sprain, rule out herniated nucleus pulposus; rule out cervical spine radiculopathy; rule out lower extremity radiculitis bilaterally; bilateral knee sprains, strain, rule out derangement. Treatments have included anti-inflammatory medication and physical therapy. The medical records provided for review do not indicate a medical necessity for Chiropractic treatment for Cervical spine, Thoracic spine, lumbar spine and bilateral knees in a frequency of 3 times per week for period of 6 weeks: The MTUS does not recommend chiropractic care for the knees; besides, active chiropractic care follows the Physical Medicine Guidelines of a fading treatment of 10 visits over 8 weeks followed by home exercise program; while passive chiropractic care follows the manual therapy guidelines of: Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The request is not medically necessary.