

Case Number:	CM15-0186589		
Date Assigned:	09/28/2015	Date of Injury:	05/10/2012
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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: Chiropractor

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 30-year-old male, who sustained an industrial injury on 5-10-12. He reported back pain. The injured worker was diagnosed as having lumbar disc syndrome. Treatment to date has included at least 12 chiropractic sessions and physical therapy. Physical examination findings on 8-14-15 included low back pain on all planes of motion, positive Kemp's test, and positive Milgram's test. Straight leg raise test was negative bilaterally and tenderness was present with palpation of L1-L5 spinous processes and the associated bilateral paraspinal musculature. The most recent chiropractic progress report was dated 8-20-15 and noted low back pain was rated as 7 of 10 and objective findings were unchanged. On 8-14-15, the injured worker complained of low back pain rated as 7 of 10. On 8-24-15, the treating physician requested authorization for 6 chiropractic sessions for the lumbar spine and 6 acupuncture treatments for the lumbar spine. On 8-27-15, chiropractic sessions were modified to a quantity of 2 and acupuncture sessions were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic treatment sessions for the lumbar spine two times a week for three weeks:
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 claimant presented with flare up of his chronic low back pain. According to the available medical records, the claimant had improved with previous chiropractic treatments. Although evidences based MTUS guidelines might recommend 1-2 visits every 4-6 months for flare-ups, the request for 6 chiropractic treatments sessions exceeded the guidelines recommendation. Therefore, it is not medically necessary.

6 acupuncture treatment sessions for the lumbar spine two times a week for three weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant presented with flare-ups of chronic low back pain. Previous treatments include medications, acupuncture, and chiropractic. However, total acupuncture treatment visits received to date is unknown, and treatments outcomes are not documented. Based on the guidelines cited, the request for additional 6 acupuncture sessions is not medically necessary.