MAXIMUS Federal Services

Case Number:	CM15-0187634		
Date Assigned:	09/29/2015	Date of Injury:	06/02/2008
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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 [redacted] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 2, 2008. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve requests for 16 sessions of chiropractic manipulative therapy and 16 sessions of acupuncture. The claims administrator contended that the applicant had received somewhere between 16-24 prior manipulative treatment and 20-24 prior acupuncture treatments. An August 11, 2015 office visit was cited in the determination. The applicant's attorney subsequently appealed. On an August 12, 2015 Medical-legal Evaluation, the medical-legal evaluator seemingly stated that the applicant had previously been given a 67% permanent disability award. The medical-legal evaluator noted that the applicant was using Norco, naproxen, and baclofen. The medical-legal evaluator noted that the applicant had developed a variety of psychiatric issues. The medical-legal evaluator acknowledged that the applicant was not working, and was in the process of applying for Social Security Disability Insurance (SSDI). The applicant was receiving food stamps, it was acknowledged. On August 11, 2015, the applicant reported multifocal complaints of bilateral shoulder, mid back, low back, and neck pain. The note was thinly and sparsely developed and comprised, in large part, of pre-printed checkboxes. Additional manipulative therapy and acupuncture were seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 8 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: No, the request for 16 sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. Per the claims administrator's UR report, the applicant had already had extensive prior chiropractic manipulative therapy over the course of the claim. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work and had not worked in some time, the medical-legal evaluator reported on August 12, 2015. The applicant was receiving food stamps and was in the process of applying for Social Security Disability Insurance (SSDI), it was reported. Continued manipulative therapy was not indicated in the face of the applicant's failure to return to work, per page 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Acupuncture 2 times a week for 8 weeks on cervical, thoracic, lumbar and bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Similarly, the request for 16 additional acupuncture treatments was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, the request in question did represent a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, there was no such demonstration of functional improvement present here. The applicant was off of work, the medical-legal evaluator reported on August 12, 2015. The applicant had not worked in several years. The applicant was in the process of applying for Social Security Disability Insurance (SSDI), it was acknowledged. The applicant remained dependent on a variety of opioid and non-opioid agents including Norco and naproxen, Baclofen, the former of which the applicant was using at a rate of 4-5 times a day, it was stated on that on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of extensive prior acupuncture through the date of the request. Therefore, the request for additional acupuncture was not medically necessary.