

Case Number:	CM15-0020535		
Date Assigned:	02/10/2015	Date of Injury:	07/25/2013
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, New York
 Certification(s)/Specialty: 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 is a 52 year old male, who sustained an industrial injury on 07/25/2013. He has reported subsequent back, neck, right ankle and bilateral shoulder pain and was diagnosed with low back pain, cervical strain/sprain and pelvic shear. Treatment to date has included oral and topical pain medication, physical therapy, massage therapy, chiropractic therapy, application of heat and therapeutic ultrasound. In a progress note dated 12/23/2014, the injured worker complained of continued low back, neck, mid back, right ankle and bilateral shoulder pain. Objective physical examination findings were notable for tenderness of the lower lumbar spine and positive Kemp's test on the right. The need for inversion table was discussed at the prior physician visit on 11/26/2014 without an explanation as to why this was being considered. Requests for authorization of 12 sessions of acupuncture of the low back and chiropractic therapy and an inversion table was made. On 01/12/2015, Utilization Review non-certified requests for inversion table for the low back and neck, 6-12 sessions of acupuncture for the low back and neck and 12 sessions of chiropractic therapy for the low back and neck, noting that there is no indication of the need for an inversion table and that the documentation doesn't support a flare up of the injured worker's condition to support the need for acupuncture and chiropractic therapy. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table purchase for the low back and neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Home inversion table, lower back

Decision rationale: The request is considered not medically necessary. MTUS guidelines does not address the use of home inversion tables. According to ODG guidelines, it may be beneficial in conjunction with a functional restoration program. The patient has been involved with numerous conservative treatments including physical therapy where he used a traction table with relief. However, the documentation provided does not clearly state the goal and purpose of the use of the inversion table. Physical exam remains the same, there are no clear indicators as to what the provider is trying to treat. There was no clear objective documentation of the functional and pain relief provided by the traction table used in physical therapy. Therefore, the request is considered not medically necessary.

Acupuncture for the low back and neck, six to twelve sessions total: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for additional acupuncture is not medically necessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 6-12 additional sessions and there was also no documentation of the patient's response, functional improvement, and decrease in VAS scores to previous acupuncture treatment. Because of these reasons, the request is not medically necessary.

Twelve sessions of chiropractic care for the low back and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request is considered not medically necessary. According to the chart, the patient had chiropractic care. Improvement in functional capacity was not documented. MTUS guidelines state that elective/maintenance care is not medically necessary for the low

back. If a recurrence or flare-up occurs, there needs to be a re-evaluation of treatment success. If the patient has returned to work, then 1-2 visits, every 4-6 months. Twelve sessions exceeds this recommendation. Given these reasons, the request is considered not medically necessary.