

Case Number:	CM15-0023780		
Date Assigned:	02/10/2015	Date of Injury:	10/11/2011
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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: Arizona, California
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 70 year old male, who sustained an industrial injury on 10/11/2011. The diagnoses have included cervical and lumbar herniated nucleus pulposus. Noted treatments to date have included medications. Diagnostics to date have included MRI of the lumbar spine on 12/17/2014 which showed lumbar spondylosis, disc desiccation at L1-L2 through L5-S1, Schmorl's nodes at L1-L2, L2-L3, L4-L5, and L5-S1, modic type II end plate degenerative changes at L2-L3, L4-L5, and L5-S1, annular fissure at L3-L4 though L5-S1, and straightening of the lumbar lordotic curvature. In a progress note dated 12/08/2014, the injured worker presented with complaints of insomnia, fatigue, and pain. Utilization Review determination on 01/14/2015 non-certified the request for Chiropractic/Physiotherapy 2x/wk x 4wks to cervical and lumbar and Acupuncture 1x/wk x 4wks to cervical and lumbar citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) chiropractic/physiotherapy sessions for cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant is 3 yrs post injury. The claimant had unergone therapy and shockwave treatments. The chiropractor therapy is an active modality intended to be used after recent injury. The clinical documentatation does not justify recent need for such intervention and it is not medically necessary.

Four (4) acupuncture sessions for cervical and lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is considered an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, the claimant's injury was remote and the claimant had undergone numerous other interventions to improve function. The clinical notes do not justify the need for acupuncture at this juncture. Acupuncture is an option but not medically necessary especially 3 yrs after an injury.