

Case Number:	CM15-0026977		
Date Assigned:	02/19/2015	Date of Injury:	07/21/2014
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on July 21, 2014. He has reported an immediate sharp pain to the low back. The diagnoses have included lumbar radiculitis and lumbar sprain/strain. Treatment to date has included diagnostic studies, physical therapy and medications. The most recent evaluation was dated September 3, 2014. The injured worker complained of constant left back pain. On February 12, 2015 Utilization Review modified a request for initial six acupuncture therapy plus two times per week for one month if functional improvement is produced to an initial six visits of acupuncture, noting the CA MTUS Guidelines. A request for chiropractic treatment twice weekly for four weeks was modified to initial six chiropractic visits, noting the CA MTUS and Official Disability Guidelines. On February 12, 2015, the injured worker submitted an application for Independent Medical Review for review of initial six acupuncture therapy plus two times per week for one month if functional improvement is produced and chiropractic treatment twice weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial six acupuncture therapy plus two times per week for one month if functional improvement is produced: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Per the report of 07/25/14 the patient presents with lower back pain radiating to the left hamstrings and gastrocs with a diagnosis of sprain/strain lumbar region. The current request is for INITIAL SIX ACUPUNCTURE THERAPY PLUS TWO TIMES PER WEEK FOR ONE MONTH IF IMPROVEMENT IS PRODUCED. The RFA is not included. The 02/12/15 utilization review modified this request to 6 visits. The patient is to return to modified work.9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). The treater does not discuss this request in the sole report provided. The 09/03/14 physical therapy report states the patient has completed the course of therapy and still has constant lower back pain and is unable to perform a full pressup without production of left buttock pain. There is no evidence of prior acupuncture treatment for this patient. An initial trial of 6 visits is allowed per the MTUS guidelines; however, this request is conditional and therefore indeterminate as more than a trial has been included in this request. No evidence of functional improvement from acupuncture trial has been provided; therefore, this request IS NOT medically necessary.

Chiro, twice weekly for four weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per the report of 07/25/14 the patient presents with lower back pain radiating to the left hamstrings and gastrocs with a diagnosis of sprain/strain lumbar region. The current request is for CHIRO TWICE WEEKLY FOR FOUR WEEKS. The RFA is not included. The patient is to return to modified work. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials with a total of up to 12 visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The treater does not discuss this request in the sole report provided. The 09/03/14 physical therapy report states the patient has completed the course of therapy and still has constant lower back pain and is unable to perform a full pressup without production of left buttock pain. There is no evidence of prior chiropractic treatment for this patient. In this case, the patient is

documented with chronic pain caused by musculoskeletal conditions and the guidelines recommend an initial trail of 6-12 visits. The request IS medically necessary.