

Case Number:	CM15-0223717		
Date Assigned:	11/19/2015	Date of Injury:	12/08/2013
Decision Date:	12/31/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/13/2015

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 48 year old male, who sustained an industrial injury on 12-08-2013. The injured worker is being treated for cervical strain, cervical degenerative disc disease, thoracic strain, right shoulder strain, adhesive capsulitis bilaterally, right knee strain resolved, chronic pain, obesity, diabetes mellitus type II, and hypertension. Treatment to date has included diagnostics, medications, over 20 visits of physical therapy, 6 visits of chiropractic, nerve conduction study and one cervical epidural steroid injection. Per the Primary Treating Physician's Progress Report dated 10-21-2015, the injured worker presented for follow-up evaluation. He reported persistent, constant pain to both shoulders and arms, and to his cervical and thoracic spine and surrounding musculature. He reports intermittent numbness, tingling to his right forearm to hand, and left hand. He states that the numbness has been constant the past few weeks and has worsened since the cervical epidural steroid injection. Objective findings included right and left cervical and thoracic paraspinous musculature with trigger points and range of motion of the cervical spine full with tightness and pain on extension, flexion and left rotation. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. Work status was modified but he is not currently working as employer could not accommodate restrictions. The plan of care included, and authorization was requested on 11-03-2015 for nerve conduction study of the upper extremities, 12 sessions of chiropractic therapy and 6 sessions of acupuncture for the cervical spine. On 11-09-2015, Utilization Review non-certified the request for 12 sessions of chiropractic therapy and 6 sessions of acupuncture for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 12 sessions of Chiropractic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The current request is for OUTPATIENT 12 SESSIONS OF CHIROPRACTIC THERAPY. The RFA is dated 11/03/15. Treatment to date has included diagnostics, medications, 20 visits of physical therapy, 6 visits of chiropractic, TENS unit, nerve conduction study, cervical epidural steroid injection and a lumbar epidural steroid injection. The patient is not working. MTUS Guidelines, Manual Therapy and Manipulation section, page 40 state: Recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in function that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Treatment Parameters from state guidelines a. Time to produce objective functional gains: 3-5 treatments b. Frequency: 1-5 supervised treatments per week the first 2 weeks, decreasing to 1-3 times per week for the next 6 weeks, then 1-2 times per week for the next 4 weeks, if necessary. c. Optimum duration: Treatment beyond 3-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. Per report 10/21/15, the patient presents with persistent, constant pain to both shoulders and arms, and to his cervical and thoracic spine. He reports intermittent numbness and tingling to his right forearm to hand. The treater requested 12 Chiropractic visits "for pain reduction and rehabilitation per ODG guidelines." The requesting physician has not provided documentation of functional improvements attributed to prior treatments. MTUS guidelines indicate that 3-6 sessions of chiropractic therapy are appropriate for conditions of this nature, and that additional sessions are contingent upon functional benefits. In this case, the patient has undergone an unspecified number of chiropractic treatments to date. Without clear documentation of functional improvements, as described by MTUS, the request for 12 sessions cannot be supported. The request IS NOT medically necessary.

6 sessions of Acupuncture for the cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The current request is for 6 SESSIONS OF ACUPUNCTURE FOR THE CERVICAL SPINE. The RFA is dated 11/03/15. Treatment to date has included diagnostics, medications, 20 visits of physical therapy, 6 visits of chiropractic, TENS unit, nerve conduction study, cervical epidural steroid injection and a lumbar epidural steroid injection. The patient is not working. MTUS, Acupuncture Medical Treatment Section, 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)." Per report 10/21/15, the patient presents with persistent, constant pain to both shoulders and arms, and to his cervical and thoracic spine. He reports intermittent numbness and tingling to his right forearm to hand. The treater requested acupuncture 6 visits "for range of motion, pain reduction and rehabilitation per ODG guidelines." Review of provided medical records show no evidence of prior Acupuncture treatments. In this case, the patient continues with upper extremity, neck and back pain. Given the patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines, and up to 6 treatments to produce functional improvement is supported. Therefore, the request IS medically necessary.