

Case Number:	CM15-0033198		
Date Assigned:	02/26/2015	Date of Injury:	08/12/2009
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 45 year old female, who sustained an industrial injury on 8/12/2009. The diagnoses have included displacement of cervical disc without myelopathy, lumbar intervertebral disc syndrome and headache. Treatment to date has included physical therapy, acupuncture (12 sessions over 12 months) and injections. Currently, the IW complains of neck and back pain with radiating symptoms to the left upper extremity. She has received functional improvement with acupuncture that allows her to continue working. Objective findings included cervical spasm and decreased range of motion. On 1/23/2015, Utilization Review non-certified a request for chiro adjustments (1x4) and acupuncture 6 sessions for the neck and low back noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ACOEM Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of chiro adjustments (1x4) and acupuncture 6 sessions for the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic adjustments quantity 4: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic adjustments #4 are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are displacement cervical disc without myelopathy; lumbar IVD syndrome; and headache. Eight chiropractic sessions were authorized October 28, 2014. The injured worker attended one of the eight sessions. There was no rationale in the medical record explaining the noncompliance of the injured worker. The treating physician is now requesting #4 chiropractic adjustments. The guidelines recommend a trial of six visits over two weeks. Consequently, #4 chiropractic adjustments fall within the recommended guidelines and are medically necessary.

Acupuncture sessions, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture six visits is not medically necessary. Acupuncture is not recommended guidelines for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are displacement cervical disc without myelopathy; lumbar IVD syndrome; and headache. The documentation shows the injured worker had prior acupuncture treatment. A peer-to-peer call between the treating physician and utilization review physician took place. The treating physician feels the injured worker received acupuncture in a private setting. There was no documentation and no documentation of objective functional improvement with past acupuncture. Reportedly, the injured worker received 12 sessions over 12 months. The guidelines allow for an initial trial of 3 to 4 visits over two weeks. With evidence of objective functional improvement a total of up to 8 to 12 visits may be indicated. There is no documentation medical record with objective functional improvement. The evidence is inconclusive for repeating this procedure beyond an initial short period. Consequently, absent compelling clinical documentation with objective

functional improvement to support additional acupuncture, acupuncture six visits is not medically necessary.