MAXIMUS Federal Services

Case Number:	CM15-0053668		
Date Assigned:	03/27/2015	Date of Injury:	09/24/2009
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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 50-year-old female, who sustained an industrial injury on 09/24/2009. She has reported subsequent neck, back, shoulder and knee and was diagnosed with cervical spine multilevel disc bulges, lumbar spine degenerative disc disease, left shoulder rotator cuff tear and supraspinatus tendinosis and left knee degenerative joint disease. Treatment to date has included oral pain medication, TENS unit and physical therapy. In a progress note dated 02/09/2015, the injured worker complained of neck, back, knee, foot and left shoulder pain. No objective examination findings were documented. The physician noted that requests for chiropractic treatment and acupuncture to affected body parts were being made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-127.

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 request was in advance of determining the response to 6 sessions. As a result, 12 sessions of chiropractor therapy exceeds the initial therapeutic care recommended and is not necessary.

Acupuncture, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, Acupuncture is used as 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. Functional benefit is expected to take 3-6 visits. In this case, the requested amount of 12 sessions exceeds the amount to determine functional benefit. As a result, the request for 12 sessions of acupuncture is not medically necessary.