

Case Number:	CM15-0055358		
Date Assigned:	03/30/2015	Date of Injury:	07/23/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 34 year old male, who sustained an industrial injury on 07/23/2014. The initial complaints or symptoms included low back pain and headache after being struck from the left side in a motor vehicle accident. The injured worker was diagnosed as having cervical and lumbar strain/sprain. Treatment to date has included conservative care, medications, chiropractic treatment, acupuncture, MRIs, abdominal ultrasound, and physical therapy. Currently, the injured worker complains of low back pain, neck pain, and bilateral leg pain on a daily basis. The injured worker reported that he had previously received one session of acupuncture and 2 session of chiropractic treatment which provided temporary relief. The diagnoses include cervical spine strain/sprain with post traumatic headaches, thoracic and lumbar spine strain/sprain with right lower extremity radiculopathy, disc bulge with bilateral neuroforaminal narrowing at L4-L5 (per MRI dated 08/18/2014). The treatment plan consisted of 8 session of aquatic therapy, 6 sessions of acupuncture, 8 session of chiropractic treatment, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of aquatic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

Decision rationale: Guidelines recommend aquatic therapy as an optional form of exercise therapy as an alternative to land based physical therapy especially where reduced weight bearing is desirable. In this case the patient suffered from chronic low back pain but there is no documentation of co-morbidities which would preclude effective participation in land based therapy. In addition, the patient had participated in land based therapy in the past without significant improvement. The request for 8 aquatic therapy sessions is not medically appropriate and necessary.

Six (6) sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines recommend 3-5 acupuncture treatments after which functional improvement may result. If so, acupuncture treatments may be extended. In this case, the patient has had 12 acupuncture sessions and documentation has failed to reveal evidence of significant improvement in pain, function or quality of life. The request for 6 sessions of acupuncture is not medically appropriate and necessary.

Eight sessions of chiropractic treatment: 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: Guidelines state that a trial of 6 chiropractic visits over 2 weeks is recommended for the low back. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be considered. In this case, the patient had 14 chiropractic sessions but there is no documentation that reveals evidence of significant pain relief or functional improvement. The request for 8 sessions of chiropractic treatment is not medically necessary and appropriate.