

Case Number:	CM15-0056697		
Date Assigned:	04/01/2015	Date of Injury:	03/29/2014
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/25/2015

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 43-year-old male with an industrial injury dated March 29, 2014. The injured worker diagnoses include lumbago. He has been treated with prescribed medications and periodic follow up visits. According to the progress note dated 02/11/2015, the injured worker reported low back pain, greater on the right. Objective findings revealed slightly antalgic gait, tenderness to palpitation and limited range of motion of the lumbar spine. The treating physician prescribed services for acupuncture and chiropractic sessions now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Based on the 02/11/15 progress report provided by treating physician, the patient presents with low back pain rated 2/10 with and 6/10 without medications. The request is for CHIROPRACTIC 12 SESSIONS. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes lumbago. Patient has a slightly antalgic gait. Physical examination to the lumbar spine revealed tenderness to palpation over the midline, paraspinals and spinous processes. Range of motion was decreased. Patient's medications include Ibuprofen and Norco. The patient is working, per treater report dated 02/11/15. 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. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. UR letter dated 03/13/15 modified request to 6 visits. Treater has not provided reason for the request. Per progress report dated 02/11/15, treater states that patient has not had chiropractic, and was recommended by QME doctor. Given the patient's condition, an initial trial of 6 visits would be indicated. However, the current request for 12 sessions of chiropractic would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

Acupuncture, 6 visits: Overturned

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: Based on the 02/11/15 progress report provided by treating physician, the patient presents with low back pain rated 2/10 with and 6/10 without medications. The request is for ACUPUNCTURE 6 VISITS. Patient's diagnosis per Request for Authorization form dated 03/06/15 includes lumbago. Patient has a slightly antalgic gait. Physical examination to the lumbar spine revealed tenderness to palpation over the midline, paraspinals and spinous processes. Range of motion was decreased. Patient's medications include Ibuprofen and Norco. The patient is working, per treater report dated 02/11/15. 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)." UR letter dated 03/13/15 states "...guidelines do not support initiating treatments concurrently because this leads to diagnostic uncertainty and overtreatment." Per progress report dated 02/11/15, treater states patient has not had acupuncture, and QME doctor recommended it. Given patient's condition, a trial of acupuncture appears reasonable and in accordance with MTUS. Therefore, the request IS medically necessary.