

Case Number:	CM15-0058027		
Date Assigned:	04/20/2015	Date of Injury:	08/15/2014
Decision Date:	05/20/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 27-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 15, 2014. In a Utilization Review report dated March 6, 2015, the claims administrator failed to approve a request for chiropractic manipulative therapy and dry needle puncture. The claims administrator did approve a cushion device. A February 26, 2015, progress note and RFA form of March 3, 2015, were referenced in the determination. The claims administrator interpreted the request for dry needle puncture as a request for acupuncture, but seemingly invoked a variety of non-MTUS Guidelines to deny the same. The applicant's attorney subsequently appealed. On February 26, 2015, the applicant reported ongoing complaints of low back pain radiating to the buttocks. The applicant had received physical medicine therapy in the past, it was acknowledged. A Medrol Dosepak had failed. The applicant was receiving both Worker's Compensation indemnity benefits, and disability insurance benefits, it was acknowledged. The applicant had not worked since the date of the injury, it was reiterated. Six sessions of dry needle puncture and three additional sessions of chiropractic manipulative therapy were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions 1x3 (coccyx Joint): 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 & manipulation Page(s): 59-60.

Decision rationale: No, the request for three additional sessions of chiropractic manipulative therapy was not medically necessary, medically appropriate, or indicated here. While page 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request, February 26, 2015. Earlier chiropractic manipulative therapy had not, in fact, proven successful here. Therefore, the request was not medically necessary.

Dry Needle Puncture 1x6 (piriformis Syndrome): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Conversely, the request for six sessions of dry needle puncture (AKA acupuncture) was medically necessary, medically appropriate, and indicated here. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a note that acupuncture can be employed for a wide variety of purposes including for chronic pain purposes, to reduce pain, to reduce inflammation, to promote relaxation, etc. The request in question seemingly represented a first-time request for acupuncture. The six-session course of acupuncture does seemingly conform to the three- to six-treatment course deemed necessary to produce functional improvement, per MTUS 9792.24.1.c.1. Therefore, the request was medically necessary.