

Case Number:	CM15-0059652		
Date Assigned:	04/06/2015	Date of Injury:	06/06/2008
Decision Date:	05/28/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male who reported an injury on 06/06/2008. Prior therapies included chiropractic care due to chronic spasms. The documentation of 12/19/2014 revealed the injured worker had muscle spasms. The rest of the office note was handwritten and difficult to read. The diagnoses were typed and included thoracic strain, lumbosacral strain, and gluteal strain. The documentation indicated the injured worker was improving with acupuncture and needed 6 visits. It was indicated the acupuncture improved flexibility. The treatment plan included additional visits. The documentation of 01/23/2015 revealed the injured worker needed additional acupuncture 1 to 2 times a week for 6 visits and it had improved muscle spasms and flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, one to two times weekly for the thoracic and lumbosacral spine for 6 weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3/6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the acupuncture as an adjunct to physical rehabilitation. There was a lack of documentation indicating pain medication was reduced or not tolerated. There was a lack of documentation of a clinically significant improvement in activities of daily living or a reduction in work restrictions. Given the above, the request for acupuncture, one to two times weekly for the thoracic and lumbosacral spine for 6 weeks is not medically necessary.

Acupuncture re-evaluation, thoracic and lumbosacral spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As the acupuncture would not be medically necessary, a re-evaluation would not be medically necessary. Given the above, the request for acupuncture re-evaluation, thoracic and lumbosacral spine is not medically necessary.

Infrared, one to two times weekly for the thoracic and lumbosacral spine for six weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Infrared therapy (IR).

Decision rationale: The Official Disability Guidelines indicate that infrared therapy is not recommended over heat therapies. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for infrared, one to two times weekly for the thoracic and lumbosacral spine for six weeks is not medically necessary.

Manual Therapy techniques, one to two times a week for six weeks for the thoracic and lumbosacral spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): s 58 and 59.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. Treatment for flare-ups requires a need for re-evaluation of prior treatment success and outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review failed to provide a rationale for the requested manual therapy. There was a lack of documentation of the quantity of sessions previously attended and the objective functional improvement. Additionally, this was not noted to be a flare up; however, there was no re-evaluation of prior treatment success including improvement in function, a decrease in pain, and improvement in quality of life. Given the above, the request for manual therapy techniques, one to two times a week for six weeks for the thoracic and lumbosacral spine is not medically necessary.