

Case Number:	CM15-0059799		
Date Assigned:	04/06/2015	Date of Injury:	11/26/2014
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
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: Texas, Illinois

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:

Injured worker is a 61-year-old male, who sustained an industrial injury on 11/26/14. He reported initial complaints of neck, shoulders and hernia. The injured worker was diagnosed as having chronic cervical sprain/strain; cervical spine degenerative disc disease; right inguinal hernia; bilateral shoulder strain. Treatment to date has included urinalysis; x-rays right groin; x-rays bilateral shoulders (12/12/14); medications. Currently, PR-2 notes dated 2/13/15 indicate the injured worker complains of constant bilateral shoulder, neck pain and right groin pain. The provider completed a physical examination at this time that found correlation to the injured workers complaints. The treatment plan included a request for a baseline urinalysis, MRI with contrast bilateral shoulders; bilateral shoulder x-rays; general surgery consults to address the hernia, and the denied services of initial acupuncture and chiropractic treatments. It is noted that the general surgery consult scheduled a right inguinal hernia surgery for 2/27/15, but there are no other notes to confirm the surgery took place or was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial acupuncture 6 treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker sustained a work related injury on 11/26/14. The medical records provided indicate the diagnosis of chronic cervical sprain/strain; cervical spine degenerative disc disease; right inguinal hernia; bilateral shoulder strain. Treatments have included medications. The medical records provided for review do indicate a medical necessity for initial acupuncture 6 treatments. The records indicate the injured worker has started a program of chiropractic care but with minimal improvement. The MTUS recommends that acupuncture could be 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. The guidelines recommend: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. The MTUS uses two guidelines for chiropractic care: Manual therapy guidelines for passive chiropractic care, and Physical Medicine guidelines for active chiropractic care. Therefore, the request is medically necessary.

Initial chiropractic treatments 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine Page(s): 58-58; 98-99.

Decision rationale: The injured worker sustained a work related injury on 11/26/14. The medical records provided indicate the diagnosis of chronic cervical sprain/strain; cervical spine degenerative disc disease; right inguinal hernia; bilateral shoulder strain. Treatments have included medications. The medical records provided for review do indicate a medical necessity for Initial chiropractic treatments 2 times a week for 6 weeks. Chiropractic guidelines follow either manual therapy guidelines or the physical medicine guidelines depending on whether passive or active therapy. The Manual therapy Guidelines recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks; while the Physical Medicine Guidelines recommends a fading treatment from three visits a week to one a week for a maximum of 10 visits, followed by Home Exercise program. Therefore, whether active therapy or passive therapy is employed, the requested number of visits exceeds the guidelines recommendation. Therefore, the request is not medically necessary.