

Case Number:	CM15-0059991		
Date Assigned:	04/06/2015	Date of Injury:	11/19/1995
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
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
 Certification(s)/Specialty: Chiropractor, Oriental 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 54-year-old male, with a reported date of injury of 11/19/1995. The diagnoses include lumbar back pain, lumbosacral neuritis/radiculitis, lumbar degenerative disc disease with myelopathy, and lumbar/lumbosacral intervertebral disc degeneration. Treatments to date have included an MRI of the lumbar spine, chiropractic treatment, oral medications, heat, massage, a transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, six acupuncture sessions, epidural injections, and an x-ray of the lumbar spine. The progress report dated 12/22/2014 indicates that the injured worker complained of low back pain. On a good day, his pain was rated 3 out of 10, and on a bad day, it was rated 6 out of 10. The injured worker's current pain level was rated 4 out of 10. The physical examination showed tenderness to palpation at L3-4 and lumbar muscles, tenderness at the sciatic notch, a normal gait, and decreased sensation at right L3 and L4. The treating physician requested chiropractic treatment and acupuncture. It was noted that the injured worker benefited from chiropractic treatment in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Care 2 Times A Week for 4 Weeks Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The 2/27/15 UR determination denied the request for 2x4 Chiropractic care to manage chronic cervical spine complaints, the 2/20/15 request for care referenced the patient as receiving prior Chiropractic care to manage report cervical spine degenerative disc disease and sprain residuals. Medical documentation of examination deficits in the cervical spine reported on 2/12/15 were limited to tenderness to palpation and range of motion loss with no reference to the patients prior treatment history of Chiropractic care. The reviewed medical records failed to document any residual objective examination deficits necessitating care or a prior medical history of applied care that lead to objective functional improvement as required by the CA MTUS Chronic Treatment Guidelines. The medical necessity for additional care was not provided in the 2/12/15 reexamination report leaving the requested care not supported by the CA MTUS Chronic Treatment Guidelines. Therefore, the request is not medically necessary.

Additional Acupuncture Sessions 2 Times A Week for 4 Weeks Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 2/27/15 UR determination denied the request for 2x4 Acupuncture care to manage chronic cervical spine complaints, the 2/20/15 request for care referenced the patient as receiving prior Acupuncture care to manage report cervical spine degenerative disc disease and sprain residuals. Medical documentation of examination deficits in the cervical spine reported on 2/12/15 were limited to tenderness to palpation and range of motion loss with no reference to the patients prior treatment history of Acupuncture management. The reviewed medical records failed to document any residual objective examination deficits necessitating care or a prior medical history of applied care that lead to objective functional improvement as required by the CA MTUS Acupuncture Treatment Guidelines The medical necessity for additional care was not provided in the 2/12/15 reexamination report leaving the requested care not supported by the CA MTUS Acupuncture Treatment Guidelines. Therefore, the request is not medically necessary.