

Case Number:	CM15-0081757		
Date Assigned:	05/04/2015	Date of Injury:	02/29/2012
Decision Date:	06/05/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/28/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67 year old male sustained an industrial injury to the neck and back on 2/29/12. Previous treatment included magnetic resonance imaging, chiropractic therapy and medications. In a PR-2 dated 2/4/15, the injured worker complained of ongoing neck and left arm pain associated with left hand numbness. The injured worker rated 2-7/10 on the visual analog scale. The physician noted that it was a flare up on an existing injury. Documentation indicated that the injured worker had received an unknown quantity of chiropractic sessions from 11/6/14 to 12/16/14. Current diagnoses included cervicobrachial syndrome, brachial plexus lesions, cervical spine sprain/strain, myalgia, cervical spine degenerative disc disease, muscle spasms, spinal enthesopathy, thoracic spine sprain/strain and thoracic spine pain. The treatment plan included continuing chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: The request is considered not medically necessary. According to the chart, the patient had chiropractic care. ODG guidelines recommend 1-2 visits every 4-6 months for flare-ups of symptoms which the patient is having. There has to be documented functional improvement. The requested 2x5 visits would exceed this recommendation. The patient should be able to continue with an independent home exercise program at this point. Given these reasons, the request is considered not medically necessary.

Acupuncture 2x5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 sessions per week for five weeks is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 10 sessions. Because of these reasons, the request is not medically necessary.