

Case Number:	CM15-0230671		
Date Assigned:	12/08/2015	Date of Injury:	08/20/2015
Decision Date:	01/12/2016	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/24/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 32 year old male, who sustained an industrial injury on 8-20-2015. Diagnoses include lumbar sprain-strain. Treatments to date include activity modification and NSAID. On 10-16-15, he complained of on and off low back pain rated 8 out of 10 VAS and associated with numbness, weakness, tiredness, and tense sensation. Current medication included Tylenol. The physical examination documented lumbar tenderness and decreased range of motion with a positive straight leg raise test bilaterally. The plan of care included chiropractic therapy sessions and acupuncture therapy sessions. The appeal requested authorization for twelve (12) chiropractic therapy sessions twice per week for six weeks for lumbar spine and for twelve (12) acupuncture treatment sessions for the lumbar spine twice per week for six weeks. The Utilization Review dated 10-26-15, modified the request to allow for six (6) chiropractic therapy sessions and six (6) acupuncture treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with chiropractic supervised physiotherapy and myofascial release for a total of 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines allow for use of chiropractic treatment in chronic pain patients with musculoskeletal injury for a trial of 6 sessions with up to 18 additional sessions with evidence of functional improvement. In this case, it is unclear if the patient has had prior treatment in the acute injury. Thus a trial of 6 sessions is warranted. The request for 12 chiropractic treatments is not medically appropriate or necessary.

Acupuncture for the lumbar spine, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Guidelines note that acupuncture is used as an option to reduce pain, increase range of motion and when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, a 6 session trial of acupuncture may be warranted. The request for 12 acupuncture sessions to the lumbar area is not medically appropriate or necessary.