MAXIMUS Federal Services

Case Number:	CM14-0101859		
Date Assigned:	09/16/2014	Date of Injury:	04/30/2008
Decision Date:	10/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old female who was injured on April 30, 2008. The mechanism of injury is due to a motor vehicle accident. The diagnoses listed as lumbar/sacral disc degeneration (722.52). The most recent progress note dated 6/23/14 reveals complaints of aching pains in the hands and the neck but decreasing slowly with the amount of the thoracic and lumbar spine. Pan is rated an 8 to 9 out of 10 on visual analog scale (VAS). Rates pain 3 out of 10 on visual analog scale (VAS). Physical examination reveals stiffness, weakness of the bilateral hands, encouraged with the progress of her neck and feels the hands are on the same track as well. Official x-rays were not available for review, however, it was reported that the x-rays of the bilateral knees and bilateral wrist are unchanged from last examination. X-rays of the cervical spine show no progression changes. Prior treatment includes fifty completed chiropractic sessions with eight of them being in 2014, and completed eight acupuncture sessions since January 2014 which are reportedly helping her; although no progress noted have been submitted for either therapy, heat and ice therapy, physical therapy, and medications. A prior utilization review determination dated 6/2/814 resulted in denial of chiropractic two times per week for four weeks and acupuncture two times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic, 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Manual therapy & manipulations, Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Low Back; manipulations

Decision rationale: The claimant is a 63 year old female who was injured on April 30, 2008. The mechanism of injury is due to a motor vehicle accident. The diagnoses listed as lumbar/sacral disc degeneration (722.52). The claimant has been afforded at least 50 sessions of chiropractic care since the date of injury 4/30/2008. There needs to be objective documentation as to its efficacy. There is inadequate documentation to support continuation of this modality. Given the lack of documentation of functional improvements, the request is not medically necessary.

Acupuncture, 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8,9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Acupuncture

Decision rationale: The claimant has been afforded at least 8 sessions of acupuncture consistent with Acupuncture Guidelines, there needs to have objective documentation as to its efficacy. There is inadequate documentation to support continuation of this modality. "(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f)." Given the lack of documentation of functional improvements, the additional acupuncture as requested is not medically necessary.