

Case Number:	CM14-0133798		
Date Assigned:	10/01/2014	Date of Injury:	02/20/2001
Decision Date:	10/28/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 33 year old individual whose original date of injury was February 20, 2001. The injured worker has diagnoses of chronic pain syndrome, chronic low back pain, and unspecified arthropathy. The disputed requests are for acupuncture, chiropractic, and lumbar brace. A utilization review determination had denied the request for lumbar brace as there was no evidence of spinal instability on clinical examination or diagnostic workup to substantiate the need for immobilization. For acupuncture, recent notes did not document specific functional deficits or goals or exceptional clinical findings to substantiate the necessity of acupuncture for this 2001 injury according to the utilization reviewer. The chiropractic manipulation was denied as there was no significant change in the claimant's clinical presentation or specific functional deficits identified to substantiate the request for chiropractic intervention for this 2001 injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x8 sessions L-spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Therapy Page(s): 58-60.

Decision rationale: In the case of this injured worker, there is not clear documentation of whether previous chiropractic manipulation has been performed and what functional outcome was obtained from this previous treatment. If this is new therapy, then the guidelines specify for at most 6 sessions of chiropractic therapy before further requests can be made. As such, a request for 8 sessions of chiropractic therapy is not medically necessary.

Acupuncture x8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: A progress note on date of service February 12, 2014 request 8 sessions of acupuncture stating that the patient would benefit from this. However, the Chronic Pain Medical Treatment Guidelines clearly states that at most 6 sessions of acupuncture should be requested at a time and there should be demonstration of functional benefit. Since the independent medical review process cannot modify requests, the original request as written is not medically necessary.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Section 9792. 23.5 Low Back Complaints of the California Code of Regulations, Title 8, page 6 states the following: "The Administrative Director adopts and incorporates by reference the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) into the MTUS from the ACOEM Practice Guidelines." ACOEM Chapter 12 on page 301 states: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Furthermore, lumbar corsets are not recommended and the evidence is poor for the use of lumbar orthoses in the treatment of chronic low back pain. Since this injured worker has chronic low back pain, and does not have any reason spinal surgery or documentation of spinal instability, there are no indications for a lumbar brace. Given the guidelines, this request is not medically necessary.