

Case Number:	CM14-0148384		
Date Assigned:	09/18/2014	Date of Injury:	06/23/2013
Decision Date:	12/18/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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 and is licensed to practice in New York. 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 51-year-old male who reported an injury on 06/23/2013 while unloading and loading heavy equipment and carrying heavy things; radiated pain to the bilateral lower extremities secondary to the lower back pain. Prior treatments included physical therapy, epidural steroid injection, chiropractic therapy, acupuncture, and medication. The diagnoses included lumbar disc degeneration, lumbar radiculopathy, lumbar spinal stenosis, lumbar facet arthropathy, and chronic pain. Diagnostics included an MRI of the lumbar spine dated 10/28/2013 that revealed disc and facet abnormalities. The medications included nonsteroidal anti-inflammatory drugs. The injured worker rated his pain 5/10 using the VAS. The objective findings dated 10/04/2014 revealed tenderness to palpation over the lumbar spine that included biomechanical joint dysfunction over the L3, L4, and L5 vertebral segments. Moderate spasms with hyper tonicity and tenderness to the taught fibers were noted in the injured worker's entire lower back. Palpated moderate tenderness of taught fibers of his left anterior shoulder musculature. Positive Kemp's on the right, impingement sign on the left, and supraspinatus press test on the left. The injured worker had a inch functionally shorter right leg in length upon examination. Diagnostics included degenerative disc disease, lumbar facet syndrome, and myofasciitis. Treatment plan included additional chiropractic treatment and additional acupuncture treatment. The request for authorization dated 10/02/2014 was within the documentation. The rationale for the acupuncture and chiropractic therapy included that it was helpful for the injured worker at a 25% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (manipulative, mechanical fraction, myofascial release hydrotherapy) 2x4 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The California MTUS guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. Per the documentation, the injured worker received chiropractic treatment; however, the number of visits was not specified. The guidelines indicate 18 visits over 6 to 8 weeks. The documentation indicated that the chiropractic therapy was helpful; however, also indicated that the injured worker had failed conservative treatment which included chiropractic therapy. Additionally, the documentation lacked objective findings that support any special circumstances that warrant additional therapy. As such, the request is not medically necessary.

Acupuncture treatment for 1 x 4 for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and it must be used in conjunction with physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture with or without the electrical stimulation may be performed with time to produce functional improvement of 3 to 6 treatments at a frequency of 1 to 3 visits per week with duration of 1 to 2 months. The documentation lacked the evidence of the treatments that the injured worker had received for acupuncture. The documentation also indicated that the acupuncture was helpful; however, the documentation also indicated that he had failed conservative care which included the acupuncture. Additionally, the documentation lacked objective findings that support any special circumstances that warrant additional therapy. As such, the request for additional acupuncture is not medically necessary.