

Case Number:	CM14-0168089		
Date Assigned:	10/15/2014	Date of Injury:	10/19/2013
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury to his low back on October 19, 2013 as a result of an altercation at the prison where he worked as a deputy sheriff. He has complained of low back pain radiating to the left lower extremity. An MRI on November 23, 2013 revealed multilevel lumbar disc disease with foraminal stenosis. He also had an EMG/MCV study which showed findings consistent with L3 and L4 lumbar radiculopathy. X-rays also show a 2-3 mm of retrolisthesis at L4-5. On February 20, 2014 it was stated that he had completed therapy but reported no significant difference in how he feels. Acupuncture twice a week was recommended. It was stated that his back was too sensitive for chiropractic. He has received epidural steroid injections and has been treated with Norco and tramadol. An office note of August 21, 2014 states "I would like to go on and recommend chiropractic treatment and acupuncture one time a week for 12 weeks. The office note did not include any subjective or objective data. The previous office note of July 3, 2014 did state "the patient had an epidural injection last surgery and is noticing more increased pain at this point." There was no other subjective or objective data included in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic #12: 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 Section 9792.20-9792.26 Page(s): 58.

Decision rationale: Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended as an option for low back pain with an initial trial of 6 visits over 2 weeks. If there is evidence of objective functional improvement then a total of up to 18 visits over 6-8 weeks may be indicated. The 12 visits requested in this case cannot be deemed medically necessary without objective evidence of functional improvement after 6 initial visits. Furthermore, the visit notes by the requesting physician lack sufficient subjective or objective data to include a functional impairment or degree of pain to indicate the need for chiropractic or a basis for later comparison. Therefore, the request for Chiropractic #12 is not medically necessary and appropriate.

Acupuncture #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement as 3-6 treatments with a frequency of one to 3 times per week and an optimal duration of one to 2 months. Treatments may be extended if functional improvement is documented. In this case there is no indication that pain medication is reduced or not tolerated. There is also no indication that the acupuncture will be used as an adjunct to physical rehabilitation or surgical intervention. Furthermore the record is lacking sufficient subjective or objective data on which to base any functional impairment. Therefore, the request of Acupuncture #12 is not medically necessary and appropriate.