

Case Number:	CM14-0174686		
Date Assigned:	10/28/2014	Date of Injury:	02/09/2012
Decision Date:	12/12/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/22/2014

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 57 year-old male with a date of injury of February 9, 2012. The injured worker's industrially related diagnoses include strain of the left elbow, lumbosacral strain, lumbar radiculitis, and severe degenerative disc disease of the lumbosacral spine at L5-S1 and L1-L2. The disputed issues are chiropractic, physical therapy, and acupuncture 3 times a week for 8 weeks for the lumbar spine. A utilization review determination on 9/18/2014 had non-certified these requests. The stated rationale for the denial was: "Future medical needs included evaluation by an orthopedist, non-steroidal anti-inflammatories, and up to 8 visits of physical therapy twice a year. The clinical records reviewed do not provide evidence that the 24 visits requested less than 3 weeks later is for a flare-up or aggravation of the claimant's condition. In the absence of the claimant being reported as experiencing an aggravation of flare up of his condition and the secondary doctor's opinion that he did not need to discuss the rationale behind the care requested, the medical necessity for the 24 visits of chiropractic care requested cannot be established. Therefore physical therapy and acupuncture 3X8 for the lumbar spine is not medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 Times A Week for 8 Weeks for The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: In regard to the request for chiropractic care, the Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Maintenance care is not medically necessary. For recurrences and flare-ups, the guidelines recommend re-evaluation of treatment success and if return to work (RTW) is achieved, then 1-2 visits are recommended every 4-6 months. In the submitted medical records available for review, there is documentation that the injured worker was previously under the care three other doctors, which were apparently other chiropractors. However, the specific chiropractic care that the injured worker received was not specified. At the time of the request, there was no documentation that the injured worker was having flare-ups of his chronic symptoms. Furthermore, the documentation indicates that the injured worker has not returned to work. Lastly, the currently requested 24 treatment sessions exceeds the recommended visits provided by guidelines for recurrences and flare-ups. In the absence of clarity regarding the above issues, the currently requested chiropractic care 3 times a week for 8 weeks for the lumbar spine is not medically necessary.

Physical Therapy 3 Times a Week for 8 Weeks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy

Decision rationale: In regard to the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. In the submitted medical records available for review, there was documentation that physical therapy was requested to enable the injured worker to achieve optimal functional restoration such as improved daily activities, improved quality of life, reduced work restrictions, reduced pain, and decreased dependence on medications. However, there was no documentation of objective functional improvement with previous physical therapy. It was documented that the injured worker started physical therapy on 3/2/12 and completed 8 sessions and another course of physical therapy was requested on 2/20/2014. There was no statement indicating why continuation of active therapies at home would be insufficient to address the objective deficits. Lastly, the request exceeds the amount of physical therapy recommended by

the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy 3 times a week for 8 weeks for the lumbar spine is not medically necessary.

Acupuncture 3 Times a Week for 8 Weeks for the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In regard to the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. In the submitted medical records available for review, the treating physician requested chiropractic care and physical therapy to be used alongside the requested acupuncture. However, medical necessity could not be established for both of those requests. Additionally, the current request for 24 visits exceeds the 6 visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture 3 times a week for 8 weeks is not medically necessary.