

Case Number:	CM14-0177125		
Date Assigned:	10/30/2014	Date of Injury:	04/13/2010
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Chiropractic 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:

According to the available medical records, this is a 46 year old female with chronic neck and low back pain, date of injury is 04/13/2010. Previous treatments include medications, physical therapy, chiropractic, acupuncture, TENS unit, bracings, and cervical epidural injection. Progress report dated 09/24/2014 by the treating doctor revealed injured worker with complaints of persistent neck pain, burning with radiation of pain, mid back pain 10/10, burning low back pain 10/10 that radiates down bilateral lower extremities to the feet and accompanied by numbness, left leg worse than right. Objective findings include tenderness to palpation bilateral paraspinal, cervical spine range of motion (ROM) decreased flexion and extension, left deltoids, biceps and triceps motor weakness +4/5, sensation decreased in left C5, C6 and C7 dermatomes, lumbar spine tender to palpation of the bilateral paraspinal, range of motion (ROM) decreased in flexion and extension, bilateral ankle dorsiflexion, EHL, and ankle plantar flexion weakness 4/5. Diagnoses include disc herniation of the lumbar spine, facet arthropathy of the lumbar spine, chronic pain syndrome, possible cervical radiculopathy, disc herniation of the cervical spine, cervical degenerative disc disease, cervical central canal stenosis with left neural foraminal narrowing, disc herniation of the thoracic spine, degenerative disc disease thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 Times a Week for 3 Weeks for the Lumbar Spine and Cervical Spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presents with ongoing neck and low back pain despite previous treatments with medications, bracing, TENS unit, acupuncture, chiropractic, and physical therapy. The available medical records show the claimant has had chiropractic treatments previously; however, there are no treatment records available for review. The total number of visits is unknown and the outcomes from previous chiropractic visits are unknown. However, the claimant remained symptomatic for over 4 years; there are documents of recent flares up. Based on the guidelines cited, the request for Chiropractic 2 Times a Week for 3 Weeks for The Lumbar Spine and Cervical Spine is not medically necessary.

Acupuncture 2 Times a Week for 4 Weeks for the Cervical, Thoracic and Lumbar Spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Review of the available medical records showed no evidences of pain medication being reduced or not tolerated. The claimant is not undergoing any physical rehabilitative program. Based on the guidelines cited, the request for Acupuncture 2 Times a Week for 4 Weeks for The Cervical, Thoracic and Lumbar Spine is not medically necessary.