

Case Number:	CM14-0193701		
Date Assigned:	12/01/2014	Date of Injury:	07/30/2013
Decision Date:	01/16/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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 Acupuncture 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 56 year old male, who was injured on the job, July 30, 2013 after he slipped and fell of the ladder and 300 pounds of material fell on his back. Patient is diagnosed with lumbosacral sprain/strain with lumbar degenerative disc disease and lumbar radiculopathy. The injured worker suffers from lower back pain with tingling to the bottom of both feet. The injured worker continued on light duty at work until he was let go from his job. On August 4, 2014 the injured worker was hospitalized for a blood clot in the leg. According to the progress note of August 25, 2014, the injured worker remains temporarily totally disabled, but can return to work in four weeks. The physical exam noted the injured worker had a slow gait and has difficulty with toe walking, heel walking, kneeling and squatting. The examination of the lumbar spine revealed paravertebral Muscle spasm, tenderness in the lumbosacral junction and tenderness in the L4, L5, S1 and S2 spinous process. Per medical notes dated 10/13/14, patient complains of severe low back pain. Provider requested additional 1X4 chiropractic and 2X4 acupuncture treatments. The documentation submitted for review supported the injured worker had had chiropractic services in the past; however the total number of visits was unclear. The chiropractic progress notes provided did not address any functional improvement. The progress note of July 15, 2014 noted functional improvement from April 15, 2014 through May 27, 2014. The acupuncture note of November 12, 2014, did not address any functional improvement from the prior visits. On July 28, 2014 the injured worker developed cellulitis of the right foot from a burn to the top of the foot. The injured worker was then referred to the hospital for treatment. The injured worker continues to take anti-inflammatory medications for back discomfort. On October 21, 2014, the UR denied continuation of acupuncture 2 times a week for 4 weeks and chiropractic services 1 times a week for 4 weeks, due to the MTUS guidelines for documentation

of functional improvement; number of previous visits and illegible with poor copy quality documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Acupuncture 2 Times A Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X4 acupuncture treatments are not medically necessary.

Continued Chiropractic 1 Time A Week for 4 Weeks: Upheld

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

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 1X4 chiropractic sessions for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 1X4 Chiropractic visits are not medically necessary.

