

Case Number:	CM14-0212424		
Date Assigned:	01/02/2015	Date of Injury:	01/31/2014
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 44 year old female who reported neck and low back pain from injury sustained on 01/31/14. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with lumbar spine sprain/strain, radicular neuralgia bilateral legs; cervical spine sprain/strain; headaches. Patient has been treated with medication, acupuncture, physical therapy, and chiropractic. MRI of the lumbar spine revealed 5mm right paramedian disc protrusion at L5-S1 with annular tear abutting the S1 nerve, mild central stenosis. MRI of the cervical spine revealed 2mm right lateral extradural defect; multilevel disc desiccation is present. Per medical notes dated 11/18/14, patient complains of low back pain that is intermittent and moderate. Bilateral leg pain is rated at 5-6/10; neck and upper back pain is red at 5-6/10, pain down left arm with weakness, daily headaches. Sitting or standing for prolonged periods increases the pain. Lying on her back causes pain to elevate. Patient's condition remains essentially unchanged since last exam. She reports physical therapy and acupuncture were beneficial. Examination revealed decreased range of motion on all range. Tenderness over the spinous process from T1-L5 from C1-C7 associated with paraspinal musculature bilaterally, tenderness over the bilateral SI joint and piriformis. Provider requested additional 1X4 chiropractic treatments for lumbar spine and 1X6 acupuncture treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x4 for the lumbar spine: Upheld

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

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.

Acupuncture 1x6 for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Guidelines Page(s): 58.

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. Provider requested additional 6 acupuncture treatment which was non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.