

Case Number:	CM14-0215452		
Date Assigned:	01/05/2015	Date of Injury:	12/05/2013
Decision Date:	02/20/2015	UR Denial Date:	12/14/2014
Priority:	Standard	Application Received:	12/23/2014

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 58 year old male with a date of injury of 12-5-2013. He evidently fell to the ground while moving a pallet of newspapers resulting in injuries to the low back, left elbow, forearm and wrist. He complains of pain in the low back radiating to both lower extremities and left wrist pain with associated numbness and tingling. The physical exam has revealed diminished lumbar range of motion, tenderness of the lumbar spinous processes, the sacroiliac joints, and the lumbar paraspinal muscles. The left wrist had diminished range of motion with a positive Finkelstein's test. The diagnoses include lumbar sprain/strain, lumbar radiculopathy, left wrist sprain/strain, carpal tunnel syndrome, and left elbow lateral epicondylitis. Pain medication has included Naproxen, tramadol, and hydrocodone. As of 10-21-2014 the injured worker completed 8 chiropractic sessions and 9 acupuncture sessions. At issue is a request for 8 sessions of acupuncture and chiropractic care for the low back and left arm. These were previously non-certified due to a lack of functional improvement from the treatment so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight treatments of acupuncture for the back and left arm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Acupuncture guidelines

Decision rationale: Acupuncture is recommended as an option for some conditions using a short course in conjunction with other interventions. No particular acupuncture procedure has been found to be more effective than another, and the mode of action is not completely understood. Randomized controlled trials are difficult to perform as minimal acupuncture (superficial needling) has been found to trigger similar results to actual acupuncture when the former was used as a sham treatment. Acupuncture is a passive modality of treatment that is traditionally defined as the insertion of needles (1 cm to 10 cm) at specific points of treatment called acupuncture points. Low back: Not recommended for acute low back pain, but recommended as an option for chronic low back pain using a short course of treatment in conjunction with other active interventions. Elbow: Recommended for lateral epicondyle pain. Official Disability Guidelines Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this instance, the injured worker has recently completed 9 sessions of acupuncture. While some gains were made in terms of low back range of motion, there have been no significant reductions in pain levels or in medication use. Consequently, eight treatments of acupuncture for the back and left arm are not medically necessary.

Eight treatments of chiropractic for the back and left arm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy and Chiropractic Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Chiropractic Guidelines

Decision rationale: Medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be safe and outcomes may be good, but the studies are not quite as convincing. While not proven by multiple high quality studies, a trial of manipulation for patients with radiculopathy may also be an option, when radiculopathy is not progressive, and studies support its safety. As with any conservative intervention in the absence of definitive high quality evidence, careful attention to patient response to treatment is critical. Many passive and palliative interventions can provide relief in the short term but may risk treatment dependence without meaningful long-term benefit. Such interventions should be

utilized to the extent they are aimed at facilitating return to normal functional activities, particularly work. Official Disability Guidelines Chiropractic Guidelines:Therapeutic care:Mild: up to 6 visits over 2 weeksSevere: Trial of 6 visits over 2 weeksSevere: With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicityElective/maintenance care: Not medically necessaryRecurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care*Severe may include severe sprains/strains (Grade II-III1) and/or non-progressive radiculopathy The Official Disability Guidelines Chiropractic Guidelines are the same for sprains and disc disorders.In this instance, functional improvement was seen after 8 sessions of chiropractic care as evidenced by increased ranges of joint motion. As the injured worker has a severe condition, a non-progressive radiculopathy, eight treatments of chiropractic for the back and left arm are medically necessary per the guidelines referenced.