

Case Number:	CM15-0105490		
Date Assigned:	06/09/2015	Date of Injury:	01/28/2014
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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: North Carolina

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 53 year old female, who sustained an industrial injury on January 28, 2014. She reported neck pain, low back pain, right shoulder pain, right elbow pain, right wrist pain, right hand and finger pain and sleep disruptions. The injured worker was diagnosed as having cervical spine with radicular pain, rule out herniated nucleus pulposus, right shoulder sprain/strain, lumbar spine sprain with right radicular pain and multilevel disc bulges with neuroforaminal stenosis and lateral epicondylitis of the right elbow. Treatment to date has included diagnostic studies, chiropractic care, acupuncture, physiotherapy, home exercises, medications and work restrictions. Currently, the injured worker complains of continued neck pain, low back pain, right shoulder pain, right elbow pain, right wrist pain, right hand and finger pain and sleep disruptions. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Radiology report of the lumbar spine on May 23, 2014, revealed disc desiccation, hemangioma, disc bulges, foraminal stenosis and other abnormalities. Radiology report of the cervical spine on July 14, 2014, revealed disc protrusions and narrowing of the neural foramen. Right shoulder arthrogram performed on September 5, 2014, revealed tendinosis versus partial tear. Evaluation on January 14, 2015, revealed continued complaints as noted. Acupuncture and chiropractic care were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 weeks (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is in excess of the recommendation unless improvement is noted by 3-6 sessions. Therefore, the request is not medically necessary.

Chiropractic x 4: Overturned

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 manipulation Page(s): 58-59.

Decision rationale: The California chronic pain medical guidelines section on manual manipulation states: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care Not medically necessary. Recurrences/ flare-ups Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments Manual manipulation is recommended form of treatment for chronic pain. However, the requested amount of therapy sessions is in excess of the recommendations per the California MTUS. The California MTUS states there should be not more than 6 visits over 2 weeks and documented evidence of functional improvement before continuation of therapy. The request meets guidelines and therefore is medically necessary.