

Case Number:	CM15-0012342		
Date Assigned:	01/29/2015	Date of Injury:	11/01/2013
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 21 year old female, who sustained an industrial injury on November 1, 2013. She has reported a low back injury. The diagnoses have included lumbar spine sprain or strain with radiculitis, and thoracic spine sprain or strain. Treatment to date has included medications, chiropractic therapy. Currently, the IW complains of low back pain. The records indicate she improved with therapy, however her pain returned the following day. Physical findings reveal tenderness and spasms in the lumbar spine and sacroiliac areas. Testing revealed positive straight leg raise, and Kemp's tests. She was also noted to be tender in the thoracic spine area. The Utilization Review indicates she had previous approval for 6 chiropractic therapy sessions, and it is not clear how many sessions have been completed. On January 13, 2015, Utilization Review non-certified acupuncture and chiropractic therapy one time weekly for six weeks for the lower back area. The MTUS, Chronic Pain Medical Treatment and Acupuncture guidelines were cited. On January 15, 2015, the injured worker submitted an application for IMR for review of acupuncture and chiropractic therapy one time weekly for six weeks for the lower back area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture and Chiropractic Therapy 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): (s) 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: Guidelines recommend initial manual therapy trial of 3-6 sessions with additional therapy if evidence of functional improvement occurs. In this case, there is no documentation of functional improvement after the initial trial of 6 sessions that the patient has already completed. Thus, the request for acupuncture and chiropractic therapy for the lower back is not medically necessary or appropriate.