

Case Number:	CM15-0017033		
Date Assigned:	02/11/2015	Date of Injury:	06/26/2003
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on June 26, 2003. She has reported injury to her back and knee. The diagnoses have included lumbar spine degenerative disc disease, sciatica, and knee sprain. Treatment to date has included heat applications, warm baths, medications, chiropractic treatment, and acupuncture. Currently, the IW complains of pain of the right calf, bilateral thigh, right knee, bilateral sacroiliac articulation, right buttocks, and right lower back. She rates the right lower back pain as a 4/10, the right buttocks pain as 2/10 on a pain scale. Physical findings reveal limited and painful lumbar spine range of motion. She has a guarded posture with tenderness noted to the lumbar spine. Positive Kemp's, Milgram's, Neri's, and Minor's testing are noted. She is reported to have decreased range of motion to the cervical spine. The records indicate she had reported a flare on December 2, 2014, and a follow-up visit on December 9, 2014, with no additional visits indicated within the records. On January 5, 2015, Utilization Review modified certification of one chiropractic visit for re-evaluation, and non-certified acupuncture one time weekly for four weeks for the lumbar spine and right knee. ACOEM, MTUS, Acupuncture, and ODG guidelines were cited. On January 19, 2015, the injured worker submitted an application for IMR for review of chiropractic therapy two times weekly for three weeks for the lumbar spine and right knee, and acupuncture one time weekly for four weeks for the lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy twice a week for the three weeks for the lumbar spine and right knee: Upheld

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 Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment already rendered. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received an extensive conservative treatment trial; however, remains not working without functional restoration approach. The Chiropractic therapy twice a week for the three weeks for the lumbar spine and right knee is not medically necessary and appropriate.

Acupuncture once a week for four weeks for the lumbar spine and right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture to the cervical and thoracic spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Acupuncture once a week for four weeks for the lumbar spine and right knee is not medically necessary and appropriate.

