

Case Number:	CM15-0112470		
Date Assigned:	06/18/2015	Date of Injury:	04/19/2014
Decision Date:	07/20/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old female, who sustained an industrial injury on 4/19/2014. Diagnoses have included thoracic musculoligamentous injury, thoracic sprain/strain, lumbar radiculopathy, lumbar sprain/strain and lumbar discopathy. Treatment to date has included medication. According to the progress report dated 3/19/2015, the injured worker complained of intermittent moderate upper/mid back pain and stiffness rated 5/10. She also complained of intermittent, moderate, sharp low back pain and stiffness with numbness and tingling rated 6/10. Exam of the thoracic spine revealed tenderness to palpation and muscle spasm. Kemp's test caused pain. Exam of the lumbar spine revealed tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscles and sacrum. Straight leg raise caused pain. Lasegue's test caused pain bilaterally. Gait was antalgic. Authorization was requested for chiropractic treatment and acupuncture for the thoracic spine and lumbar spine and range of motion testing once per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 1 x per week for 6 weeks for the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 58.

Decision rationale: The claimant sustained a work-related injury in August 2014 and continues to be treated for thoracic and lumbar spine pain. Case notes reference completion of 27 chiropractic and 20 acupuncture sessions since injury. When seen, there was decreased lumbar range of motion with thoracic and lumbar paraspinal muscle tenderness and spasms. There was an antalgic gait. Straight leg raising, Lasegue's, and Kemp's testing was positive. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the claimant has already had in excess of the number of recommended treatments. The request is not medically necessary.

Acupuncture sessions 1 x per week for 6 weeks for the thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2014 and continues to be treated for thoracic and lumbar spine pain. Case notes reference completion of 27 chiropractic and 20 acupuncture sessions since injury. When seen, there was decreased lumbar range of motion with thoracic and lumbar paraspinal muscle tenderness and spasms. There was an antalgic gait. Straight leg raising, Lasegue's, and Kemp's testing was positive. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already received acupuncture treatments in excess of that recommendation. Additional acupuncture treatment is not medically necessary.

ROM (range of motion) testing 1x per month per doctor's visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter (Online version) Flexibility, Stretching.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM).

Decision rationale: The claimant sustained a work-related injury in August 2014 and continues to be treated for thoracic and lumbar spine pain. Case notes reference completion of 27

chiropractic and 20 acupuncture sessions since injury. When seen, there was decreased lumbar range of motion with thoracic and lumbar paraspinal muscle tenderness and spasms. There was an antalgic gait. Straight leg raising, Lasegue's, and Kemp's testing was positive. Guidelines state that the relation between lumbar range of motion measures and functional ability is weak or nonexistent. Guidelines address range of motion which should be a part of a routine musculoskeletal evaluation. The requested monthly range of motion testing is not medically necessary.