

Case Number:	CM15-0112892		
Date Assigned:	06/19/2015	Date of Injury:	12/28/1984
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 60 year old male patient who sustained an industrial injury on 12/28/1984. A recent primary treating office visit dated 05/20/2015 reported the patient with subjective complaint of while exercising earlier that same day he felt like his neck and back were tightening up while exercising. He feels he wants an adjustment to see if it will help. He states having a hard time taking over the counter pain medications as they cause gastric upset and worry him regarding his diabetes. In addition, he is experiencing some tingling into the right arm today, running down the middle biceps following exercises. He is still with low back pain along with some leg pains as well. The following diagnoses were applied: cervical radiculopathy, lumbar radiculopathy, cervical strain/sprain, thoracic strain, lumbar intervertebral disc syndrome without myelopathy and lumbar strain. The patient was instructed to return to modified work duty on 07/10/2013. On 06/15/2015 the patient underwent a magnetic resonance imaging study of cervical spine that showed levoscoliosis of the cervical spine; broad-based disc spur complex at c4-5 and focal thickening of the ligamentum flavum causing mild to moderate spinal canal stenosis; there is effacement of the cerebral spinal fluid surrounding the cord, and mild bilateral neural foraminal narrowing. There is a broad-based disc protrusion at C5-6 causing mild spinal canal stenosis without narrowing, and another broad based disc protrusion at C6-7 causing mild spinal stenosis and the foramina are noted patent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial acupuncture, six sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Trial acupuncture, six sessions, is medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The treating physician has documented that on 06/15/2015 the patient underwent a magnetic resonance imaging study of cervical spine that showed levo-scoliosis of the cervical spine; broad-based disc spur complex at c4-5 and focal thickening of the ligamentum flavum causing mild to moderate spinal canal stenosis; there is effacement of the cerebral spinal fluid surrounding the cord, and mild bilateral neural foraminal narrowing. There is a broad-based disc protrusion at C5-6 causing mild spinal canal stenosis without narrowing, and another broad based disc protrusion at C6-7 causing mild spinal stenosis and the foramina are noted patent. The treating physician has documented the medical necessity for a trial of acupuncture. The criteria noted above having been met, Trial acupuncture, six sessions is medically necessary.

Chiropractic, provided on May 19, 2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The requested Chiropractic, provided on May 19, 2015, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The treating physician has documented that on 06/15/2015 the patient underwent a magnetic resonance imaging study of cervical spine that showed levoscoliosis of the cervical spine; broad-based disc spur complex at c4-5 and focal thickening of the ligamentum flavum causing mild to moderate spinal canal stenosis; there is effacement of the cerebral spinal fluid surrounding the cord, and mild bilateral neural foraminal narrowing. There is a broad-based disc protrusion at C5-6 causing mild spinal canal stenosis without narrowing, and another broad based disc protrusion at C6-7 causing mild spinal stenosis and the foramina are noted patent. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, Chiropractic, provided on May 19, 2015 is not medically necessary.

