

Case Number:	CM15-0119861		
Date Assigned:	06/30/2015	Date of Injury:	05/28/2014
Decision Date:	07/29/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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 46-year-old male, who sustained an industrial injury on 5/28/14. He reported low back and bilateral lower extremity pain. The injured worker was diagnosed as having lumbar spine degenerative disc disease, lumbar spine herniated disc, and neuropathy. Treatment to date has included lumbar epidural steroid injections at L2-5, acupuncture, chiropractic treatment, and medication. Physical examination findings on 4/21/15 included tenderness in the lumbar paraspinal musculature with taut muscle bands. Straight leg raise was positive on the right. A physician's report noted the injured worker had completed 4 acupuncture sessions with beneficial results including decreased pain, improved range of motion, and increased tolerance for activities of daily living. Chiropractic sessions were noted to have been helpful decreasing pain. Currently, the injured worker complains of low back pain with radiation to the right sciatic region with numbness and tingling in both feet. The treating physician requested authorization for additional chiropractic treatments for the lumbar spine x 6 and additional acupuncture sessions for the lumbar spine x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional sessions of Chiropractic Treatment - Lumbar Spine, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic for low back pain may be considered. Patient has had prior chiropractic sessions performed and had only documented subjective improvement in pain. There is no documentation of any objective measures in improvement in pain or function after prior sessions. Chiropractic is not medically necessary.

Additional sessions of Acupuncture - Lumbar Spine, QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Chronic pain guidelines, acupuncture may be considered for various pains. Patient has had prior acupuncture sessions performed and had only documented subjective improvement in pain. There is no documentation of any objective measures in improvement in pain or function after prior sessions. Acupuncture is not medically necessary.