

Case Number:	CM15-0123940		
Date Assigned:	07/08/2015	Date of Injury:	09/21/2004
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on 9/21/2004. The mechanism of injury is unknown. The injured worker was diagnosed as having bilateral shoulder impingement, epicondylitis, cervical and lumbar sprain/strain, carpal tunnel syndrome and anxiety/depression. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/6/2015, the injured worker complains of an aching, stabbing burning pain in the neck, shoulder, arm, back and legs with numbness, rated 8/10. Physical examination showed normal gait, lumbar and cervical tenderness, spasm and painful range of motion. The treating physician is requesting 8 session of chiropractic care and 8 sessions of acupuncture. The medication list includes Omeprazole, Lorazepam, Trazodone, Citalopram and Advir. The patient had received an unspecified number of the PT and acupuncture visits in past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of chiropractic therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page 58-59.

Decision rationale: Eight sessions of chiropractic therapy. Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. "In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." The patient had received an unspecified number of the PT and acupuncture visits in past. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for eight sessions of chiropractic therapy is not fully established for this patient.

Eight sessions of acupuncture therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Eight sessions of acupuncture therapy. MTUS Guidelines Acupuncture Medical Treatment Guidelines9792. 24.1. Acupuncture Medical Treatment Guidelines. Per the CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Patient has received an unspecified number of acupuncture visits for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. The prior acupuncture therapy visit notes were not specified in the records provided. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. The patient had received an unspecified number of the PT visits in past. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity, of eight sessions of acupuncture therapy is not fully established.