

Case Number:	CM15-0025524		
Date Assigned:	02/18/2015	Date of Injury:	06/18/2008
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/10/2015

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 37 year old male, who sustained an industrial injury on June 18, 2008. The diagnoses have included degeneration of lumbar intervertebral disc disease, lumbosacral radiculitis, sciatica, lumbago, lumbosacral spondylosis without myelopathy, lumbar facet joint pain, myofascial pain, spasm of piriformis muscle and bursitis of the hip. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of ongoing low back pain with radiation of pain into the lower extremities. The pain is exacerbated with standing still and walking for long periods and it is alleviated with lying down and sitting. On examination, he has limited lumbar range of motion and diffuse tenderness to palpation over the lumbar spine. His motor function is 5/5 in the bilateral lower extremities and he continues to have paresthesias in bilateral L3-L4 and dysesthesia over the lateral calves and feet. On February 2, 2015 Utilization Review non-certified a request for chiropractic sessions 2 x 4 for the low back and acupuncture sessions 2 x 4 for the low back, noting that the documentation does not provide an alternate rationale to support an indication for maintenance chiropractic therapy and noting that it is unclear if the injured worker previous had acupuncture treatment and if any prior treatment provided functional benefit. It is not clear what the goals of the initial acupuncture were as well. The California Medical Treatment Utilization Schedule was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of chiropractic sessions 2 x 4 for the low back and acupuncture sessions 2 x 4 for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions for the low back, twice weekly for four weeks: 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, p58 Page(s): 58.

Decision rationale: The claimant is status post work-related injury occurring in June 2008 and continues to be treated for chronic radiating low back pain. Prior treatments have included physical therapy and medications. Although 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. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.

Acupuncture for the low back, twice weekly for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is status post work-related injury occurring in June 2008 and continues to be treated for chronic radiating low back pain. Prior treatments have included physical therapy and medications. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of requested treatments is in excess of recommended guidelines. There is no planned change in medication or physical rehabilitation program. Therefore the request is not medically necessary.