

Case Number:	CM15-0042176		
Date Assigned:	03/12/2015	Date of Injury:	01/04/2006
Decision Date:	05/11/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation

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 who sustained an industrial injury on 01/04/2006. Diagnoses include cervical spine radiculopathy, and lumbar spine radiculopathy, bilateral carpal tunnel syndrome of the bilateral wrists and hands, and sciatica. Treatment to date has included medications, wrist braces, and cortisone injections to the bilateral shoulders, right hip and right knee, physical therapy, wrist brace. A physician progress note a dated 01/26/2015 document the injured worker complains of bilateral shoulders, wrists, and hand pain following particular movements. He has constant moderate to severe numbness and tingling in his bilateral hands. He has intermittent pain in his neck, lower back, right hip and right knee. Cervical and lumbar spine has restricted range of motion and there is tenderness to palpation. The treatment plan is for x rays, NCV/EMG of the upper extremities, and Ibuprofen. Treatment requested is for Chiropractic and Acupuncture for cervical and lumbar Spine 2 Times A week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic and Acupuncture for Cervical and Lumbar Spine 2 Times A Week for 4 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 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 58-59, 13.

Decision rationale: Based on the 01/26/15 progress report provided by treating physician, the patient presents with pain to the neck with numbness and tingling to bilateral hands, and pain to low back, right hip and right knee. The request is for chiropractic and acupuncture for cervical and lumbar spine 2 times a week for 4 weeks. Patient's diagnosis per Request for Authorization form dated 01/26/14 includes cervical and lumbar spine radiculopathy. Physical examination on 01/26/15 and 02/04/15 revealed tenderness to palpation and restricted ranges of motion to the cervical and lumbar spines. Patient had injections to the bilateral shoulders with reported relief. Patient is prescribed Ibuprofen. The patient is retired, per 01/26/15 progress report. MTUS Guidelines, pages 58-59, Chronic Pain Medical Treatment Guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months.(D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater has not provided reason for the request nor precise treatment history. Given patient's continued symptoms, diagnosis, and no reference to a recent course of chiropractic or acupuncture care, a short course would be indicated by guidelines. However, there is no indication of new injury, flare ups/recurrences. Furthermore, the request for 8 sessions exceeds guideline recommendations for both chiropractic and acupuncture. Therefore, the request IS NOT medically necessary.