

Case Number:	CM15-0063033		
Date Assigned:	04/08/2015	Date of Injury:	07/16/2012
Decision Date:	05/26/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/02/2015

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 (IW) is a 37 year old male who sustained an industrial injury on 07/16/2012. There is no documentation found on the original injury or complaint, but the accepted body parts covered by the carrier are lumbar spine and right knee. The injured worker was diagnosed as having spinal stenosis, loss of disc height, and instability. Treatment to date has included acupuncture with a documentation of some improvement in flexion, and the worker has continued to work with no restriction. Currently, the injured worker complains of lumbar spine issues. The following is requested: Acupuncture 1 x 12 weeks, 12 sessions, and Chiropractic Treatment 1 x 12 weeks, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 12 weeks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy and has continued to work. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this chronic injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment and the patient was noted to have had prior acupuncture treatment now undergoing chiropractic care as well. Submitted reports have not demonstrated the medical indication to support this request for additional acupuncture treatment. The Acupuncture 1 x 12 weeks, 12 sessions is not medically necessary and appropriate.

Chiropractic Treatment 1 x 12 week, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment Page(s): 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Chiropractic Treatment 1 x 12 weeks, 12 sessions is not medically necessary and appropriate.