

Case Number:	CM15-0068176		
Date Assigned:	04/15/2015	Date of Injury:	08/05/2013
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 45-year-old female, who sustained an industrial injury on August 5, 2013. The injured worker was diagnosed as having chondromalgia patellar tendon tendonitis and patellofemoral tracking syndrome, internal derangement of right knee, lumbar radiculitis and myofascitis and coccyalgia pain in the coccyx. Treatment and diagnostic studies to date have included injection and medication. A progress note dated December 3, 2014 provides the injured worker complains of low back and severe coccyx pain. Physical exam notes right knee effusion and swelling with tenderness on palpation. McMurray's test is positive and range of motion (ROM) is decreased. There is left knee tenderness with positive McMurray's test. There is thoracic and lumbar tenderness with spasm and guarding. There is a request submitted for chiropractic therapy and additional acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture - 1 time weekly for 4 weeks - Coccyx and Low Back: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with low back and severe coccyx pain. The request is for ADDITIONAL ACUPUNCTURE-1 TIME WEEKLY FOR 4 WEEKS-COCCYX AND LOW BACK. There is no RFA provided and the patient's date of injury is 08/05/13. The diagnoses include chondromalgia patellar tendon tendonitis and patellofemoral tracking syndrome, internal derangement of right knee, lumbar radiculitis and myofascitis and coccyalgia pain in the coccyx. Per 12/03/14 report, physical examination of the lumbar spine revealed severe tenderness with spasm and guarding at L2 through S1 with the right SI joint and piriformis on the right. Straight leg raise test is positive on the right and Kemp's test is positive bilaterally. MRI of the lumbar spine, performed on 06/25/14, revealed at L3-L4 there is a 3 mm left foraminal disc protrusion resulting in abutment of the exiting left L3 nerve root. The patient is temporarily totally disabled. The employer is unable to accommodate modified duty, per 12/03/14 report. 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 a reason for the request. The utilization review letter dated 04/02/15 reports, "Records show this patient has been receiving chiropractic care and acupuncture since 2013." The total number of sessions the patient has completed is unknown. Furthermore, there is no documentation that prior acupuncture sessions provided the patient with functional improvement or decreased pain. MTUS does not support acupuncture unless functional improvement is documented as defined per labor code 9792.20(e). However, the patient appears to be quite flared with exam showing severe tenderness with palpation and functional decline. A short-course of acupuncture to address the patient's flare-up would appear reasonable. The request IS medically necessary.

Chirotherapy - 1 time weekly for 4 weeks - Low Back: Overturned

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

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

Decision rationale: The patient presents with low back and severe coccyx pain. The request is for CHIROTHERAPY- 1 TIME WEEKLY FOR 4 WEEKS-LOW BACK. There is no RFA provided and the patient's date of injury is 08/05/13. The diagnoses include chondromalgia patellar tendon tendonitis and patellofemoral tracking syndrome, internal derangement of right knee, lumbar radiculitis and myofascitis and coccyalgia pain in the coccyx. Per 12/03/14 report, physical examination of the lumbar spine revealed severe tenderness with spasm and guarding at L2 through S1 with the right SI joint and piriformis on the right. Straight leg raise test is positive on the right and Kemp's test is positive bilaterally. MRI of the lumbar spine, performed on 06/25/14, revealed at L3-L4 there is a 3 mm left foraminal disc protrusion resulting in abutment of the exiting left L3 nerve root. The patient is temporarily totally disabled. The employer is

unable to accommodate modified duty, per 12/03/14 report. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS 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. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Treater has not provided a reason for the request. The utilization review letter dated 04/02/15 reports, "Records show this patient has been receiving chiropractic care and acupuncture since 2013." The total number of sessions the patient has completed is unknown. Furthermore, there is no documentation that prior chiropractic sessions provided the patient with functional improvement or decreased pain. However, the patient appears to be quite flared up with exam showing severe tenderness with decline in function. A short course of chiro treatments may be helpful given no evidence that this patient recently has had treatments. The requested 4 sessions of chiro treatments ARE medically necessary.