

Case Number:	CM15-0075330		
Date Assigned:	04/27/2015	Date of Injury:	04/15/2013
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old female sustained an industrial injury to the low back on 4/15/03. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy, lumbar support and medications. In a PR-2 dated 3/19/15, the injured worker complained of neck pain rated 6-7/10 on the visual analog scale, bilateral hip pain 6-7/10, bilateral knee pain 5-7/10 and low back pain 7-8/10. The injured worker also complained of anxiety, depression and insomnia. Current diagnoses included cervical and lumbar spine muscle spasm, cervical and lumbar spine sprain/strain, bilateral hip bursitis, bilateral knee chondromalacia and bilateral knee internal derangement. The treatment plan included urine toxicology screening, chiropractic therapy twice a week for four weeks for the lumbar spine, acupuncture twice a week for four weeks for the lumbar spine and medications (Tramadol, Cyclobenzaprine and topical compound creams).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2x4 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability guidelines: Chiropractic Manipulation.

Decision rationale: According to MTUS, Manual Therapy or Chiropractic therapy is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the treatment of low back pain, a trial of 6 visits is recommended over 2 weeks, with evidence of objective improvement, with a total of up to 18 visits over 6-8 weeks. If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. In this case, there are minimal objective findings on physical exam and the request for 8 visits over 4 weeks exceeds the Guideline recommendation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Acupuncture 2x4 for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, 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 recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the requested acupuncture sessions (2 sessions/week over 4 weeks) exceed the recommended 3-6 sessions in up to 2 weeks. Medical necessity of the requested acupuncture has not been established. The requested medication is not medically necessary.