

Case Number:	CM15-0077244		
Date Assigned:	04/28/2015	Date of Injury:	01/20/2015
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/22/2015

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: Chiropractor, Oriental 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:

The injured worker is a 32 year old male, who sustained an industrial/work injury on 1/20/15. He reported initial complaints of neck and jaw pain when chewing. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, cervical herniated nucleus pulposus C5-C6, and right temporomandibular joint disorder. Treatment to date has included medication and diagnostics. MRI results were reported on 2/7/15. Currently, the injured worker complains of increased neck pain with radiation down both arms with weakness, jaw pain when chewing, hand tenderness, lower back pain without radiculopathy and pain with prolonged sitting. Per the primary physician's progress report (PR-2) on 3/23/15, examination revealed positive Spurling's test, increased tightness, pain with extension, positive straight leg raise, paraspinal spasms, stiffness, and tenderness with palpation over the L4-5 and L5-S1 areas. The requested treatments include Chiropractic sessions to the cervical and lumbar spine and Acupuncture to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 12 sessions cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 299-300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59. Decision based on Non-MTUS Citation ODG: Cervical Spine Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, 2010.

Decision rationale: The 4/2/15 UR determination denying the request for Chiropractic treatment, 12 sessions cited CAMTUS Chronic Treatment Guidelines and ODG Treatment Guidelines. The reviewed medical records reflected multiple requests for care to manage chronic residuals of cervical and lumbar HNP to include PT, Chiropractic and Acupuncture. The medical necessity for concurrent application of Chiropractic care with certified physiotherapy was not found in the reviewed medical records. Therefore, the request is not medically necessary.

Acupuncture 12 sessions cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 4/2/15 UR determination denying the request for Acupuncture treatment, 12 sessions cited CAMTUS Acupuncture Treatment Guidelines. The reviewed medical records reflected multiple requests for care to manage chronic residuals of cervical and lumbar HNP to include PT, Chiropractic and Acupuncture. The referenced CAMTUS Acupuncture Treatment Guidelines support an initial trial of care, 6 sessions versus the 12 requested. The medical necessity for 12 sessions was not an appropriate determination per referenced CAMTUS Acupuncture Treatment Guidelines. Therefore, the request is not medically necessary.