

Case Number:	CM15-0079435		
Date Assigned:	04/28/2015	Date of Injury:	09/30/2013
Decision Date:	05/28/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old male, who sustained an industrial/work injury on 9/30/13. He reported initial complaints of pain in the right low back region. The injured worker was diagnosed as having lumbar disc bulge at L5-S1, sacroiliitis, with right sacroiliac joint instability. Treatment to date has included medication, physical therapy, acupuncture visits (3), and home transcutaneous electrical nerve stimulation (TENS) unit. MRI results were reported on 11/15/13. Currently, the injured worker complains of right low back pain and discomfort. Per the primary physician's progress report (PR-2) on 3/12/15, examination revealed decreased range of motion and strength to right hip, decreased range of motion, tenderness, pain, spasm to the lumbar spine with tender S1 joint, very limited range of motion to right hip. The requested treatments include chiropractic care for right S1 joint and acupuncture for the S1 joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care, twice weekly for 4 weeks, right S1 joint, per 1/15/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58 Page(s): 58.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for right buttock pain. When seen, he had right sacroiliac joint tenderness with sacroiliac joint rotation and limited right hip range of motion due to pain. Prior treatments have included a sacroiliac joint injection and multiple conservative treatments including acupuncture, physical therapy, and chiropractic care. Being requested is authorization for both acupuncture and chiropractic treatments. The provider documents performance of a home exercise program. Physical therapy treatments have included mobilization with consideration of a sacroiliac joint belt for instability. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.

Acupuncture, twice weekly for 4 weeks, right S1 joint, per 01/15/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for right buttock pain. When seen, he had right sacroiliac joint tenderness with sacroiliac joint rotation and limited right hip range of motion due to pain. Prior treatments have included a sacroiliac joint injection and multiple conservative treatments including acupuncture, physical therapy, and chiropractic care. Being requested is authorization for both acupuncture and chiropractic treatments. The provider documents performance of a home exercise program. Physical therapy treatments have included mobilization with consideration of a sacroiliac joint belt for instability. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments are not medically necessary.