

Case Number:	CM15-0079543		
Date Assigned:	05/29/2015	Date of Injury:	11/14/2008
Decision Date:	06/25/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/25/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial injury on 11/14/08. Initial complaints and diagnoses are not available. Treatments to date include medications, chiropractic treatments, acupuncture, and back surgery. Diagnostic studies include a MRI of the cervical spine on 11/20/14. Current complaints include neck pain and spasms. Current diagnoses include bilateral cervical radiculopathy, bilateral carpal tunnel syndrome, cervical disc degeneration with stenosis, and right long trigger finger. In a progress note dated 03/17/15 the treating provider reports the plan of care as continued medications including Vicodin and Soma, as well as acupuncture and chiropractic therapy. The requested treatments include acupuncture and chiropractic treatments to the cervical spine and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions 2 x 3 for the cervical spine and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

Decision rationale: Manual therapy for the back is recommended for up to 18 sessions if a trial of 6 sessions over 2 weeks show benefit. In this case, the claimant had completed over 16 sessions of chiropractic therapy in the past year and numerous physical therapy sessions. Additional chiropractor sessions is not medically necessary.

Acupuncture sessions 2 x 3 for the cervical spine and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 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 functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant had completed at least 12 sessions of acupuncture and numerous physical and chiropractor sessions. Additional 6 sessions of acupuncture is not medically necessary.