

Case Number:	CM15-0090633		
Date Assigned:	05/14/2015	Date of Injury:	03/14/2011
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58-year-old female, who sustained an industrial injury on 3/14/11. She reported falling and hitting her head resulting in injuries to her neck and head. The injured worker was diagnosed as having anxiety, headaches, cervical degenerative disc changes and cognitive difficulty. Treatment to date has included acupuncture and chiropractic treatments (which were very beneficial), Valium and Zoloft. As of the PR2 dated 4/21/15, the injured worker reports ongoing neck and left upper extremity pain. She finds acupuncture beneficial because it allows her to continue to work full time without taking narcotic medications. The treating physician noted no significant changes. The treating physician requested chiropractic treatments x 12 sessions and acupuncture x 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Chiropractic care and Manipulation.

Decision rationale: MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies, "b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities." ODG writes, "it would not be advisable to use beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated." Additionally, ODG details criteria for treatment: Regional Neck Pain: 9 visits over 8 weeks. Cervical Strain: Intensity & duration of care depend on severity of injury as indicated below, but not on causation. These guidelines apply to cervical strains, sprains, whiplash (WAD), acceleration/deceleration injuries, motor vehicle accidents (MVA), including auto, and other injuries whether at work or not. The primary criterion for continued treatment is patient response, as indicated below: Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks. Moderate (grade II): Trial of 6 visits over 2-3 week so Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity. Severe (grade III): Trial of 10 visits over 4-6 weeks. Severe (grade III): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity. Cervical Nerve Root Compression with Radiculopathy: Patient selection based on previous chiropractic success, Trial of 6 visits over 2-3 weeks. With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care. Post Laminectomy Syndrome: 14-16 visits over 12 weeks. Medical records indicate that that patient has attended at least 4 of 6 approved cervical chiropractic treatment. The treating physician does not detail any improved objective or subjective findings, which is necessary for ongoing therapy. The requested number of sessions is in excess of guideline recommendations for the described injury. As such, the request for Chiro x 12 is not medically necessary.

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "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." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." And additionally specifies the initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The treating physician has not provided documentation of objective functional improvements as results of previous acupuncture. The medical documentation provided indicates this patient has not had acupuncture for "some time." The requested number of sessions would be in excess of guideline recommendations of a trial of therapy, which is needed to determine the efficacy of the treatment and warrant continued treatments. As such, the request Acupuncture x 8 is not medically necessary.