

Case Number:	CM14-0156560		
Date Assigned:	10/06/2014	Date of Injury:	03/06/2014
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for neck and low back pain reportedly associated with an industrial injury of March 6, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; at least seven prior sessions of acupuncture, per the claims administrator; and several months off of work. In a Utilization Review Report dated September 5, 2014, the claims administrator partially approved a request for 12 sessions of acupuncture as six sessions of the same and partially approved a request for 12 sessions of chiropractic manipulative therapy as six sessions of the same. In an April 15, 2014 Doctor's First Report (DFR), the applicant presented with neck, shoulder, and low back pain complaints. X-rays of multiple body parts were sought. Tylenol, Advil, lumbar support, and an ice pack were ordered. The attending provider stated that he would obtain medical records from the applicant's chiropractic provider and acupuncturist. In an April 22, 2014 progress note, the applicant again presented with persistent complaints of neck pain, 5-6/10. The applicant had reportedly been to see an acupuncturist; it was stated at this point in time. Physical therapy, Naprosyn, and Flexeril were endorsed. On August 26, 2014, the applicant reported multifocal arm, hip, low back, and leg pain. The applicant had a BMI of 19. The applicant exhibited a normal gait and station. The applicant was placed off of work, on total temporary disability while 12 sessions of manipulative therapy and acupuncture were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture to treat the lumbar and cervical spine 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in Section 9792.20f despite earlier acupuncture in unspecified amounts over the course of the claim. Additional acupuncture is not, consequently, indicated. Therefore, the request is not medically necessary.

Initial chiropractic treatment of the lumbar and cervical spine 2 x 6: 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 and Manipulation topic. Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of manual therapy or manipulation is "four to six treatments." The request for 12 sessions of treatment, as written, thus, represents treatment at a rate two to three times MTUS parameters. No rationale for treatment thus far in excess of the MTUS parameters was furnished by the attending provider. Therefore, the request is not medically necessary.