

<b>Case Number:</b>	CM13-0001062		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	06/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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 patient is a 35-year-old male who reported an injury on 03/05/2013. The patient is diagnosed with L5-6 posterior disc protrusion, lumbar spine degenerative disc disease, lumbar spine stenosis, cervical spine sprain and strain, and thoracic spine sprain and strain. The patient was seen by [REDACTED] on 09/23/2013. The patient reported 8/10 pain in the cervical spine, thoracic spine, and lumbar spine. The patient also complained of numbness and tingling with radiation to the lower extremities. Physical examination revealed a non-antalgic gait and mild paraspinal tenderness to percussion. Treatment recommendations included continuation of therapy and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic physiotherapy 2x6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the

low back is recommended as an option with a therapeutic trial of 6 visits over 2 weeks. As per the clinical notes submitted, the patient has previously completed chiropractic therapy. Documentation the previous course of therapy with treatment duration and efficacy was not provided for review. Additionally, the current request for 12 sessions of chiropractic therapy for the lumbar spine exceeds the MTUS Guidelines' recommendations. Based on the clinical information received, the request for chiropractic physiotherapy 2x6 for the lumbar spine is not medically necessary and appropriate.

**Acupuncture 2x6 for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS Acupuncture Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. The patient does not exhibit significant musculoskeletal deficits on physical examination. Additionally, the current request for 12 sessions of acupuncture for the lumbar spine is in excess of guideline recommendations. Based on the clinical information received, the request for acupuncture 2x6 for the lumbar spine is not medically necessary and appropriate.