

<b>Case Number:</b>	CM13-0022392		
<b>Date Assigned:</b>	10/16/2013	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 patient was injured on 11/20/2009. The IMR review form asks to review acupuncture 2x6 for the lumbar spine, chiropractic 2x6 for cervical and lumbar spines, and an MRI of the left foot. I have been provided the 7/10/13 PR2 from [REDACTED], that has blank subjective complaints, and blank objective findings. It provides ICD codes without description, then requests the above. UR denied the requests on 8/30/13. The 5/29/13 Doctors first report from [REDACTED] states the patient fell off a ladder on 1/1/07 and broke his heel and hurt his hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE SESSIONS 2 TIMES PER WEEK FOR 6 WEEKS; FOR TREATMENT OF THE LUMBAR SPINE AND LEFT HEEL: Upheld**

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

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

**Decision rationale:** The medical records show the patient had 6 sessions of acupuncture from 5/31/13 through 8/14/13. [REDACTED] provides a request for 12 sessions of acupuncture on 7/10/13 without documenting any functional improvement, or providing any subjective

complaints or objective findings. The MTUS Acupuncture guidelines state that acupuncture treatments can be extended if there is documentation of functional improvement. The request for 12 additional sessions of acupuncture without documentation of functional improvement is not medically necessary and appropriate.

**CHIROPRACTIC CARE SESSIONS 2 TIMES PER WEEK FOR 6 WEEKS FOR TREATMENT OF THE CERVICAL AND LUMBAR SPINES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment - Manual Therapy & Manipulation Page(s): 30,50.

**Decision rationale:** [REDACTED] provides a request for 12 sessions of chiropractic care on 7/10/13 without discussing the patient presentation or providing any subjective complaints or objective findings. MTUS states chiropractic care may be used for chronic pain if caused by musculoskeletal conditions. The 7/10/13 gives no insight into the patient's current presentation if there is any pain or symptoms. MTUS states a trial of 6 visits is an option for low back, and if there is evidence of functional improvement, these can be extended. The initial request for 12 sessions will exceed MTUS recommendations. Therefore, the request for Chiropractic care sessions 2 times per week for 6 weeks for treatment of the cervical and lumbar spines is not medically necessary and appropriate.

**MRI OF THE LEFT FOOT/HEEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** I have been asked to review for an MRI of the left foot/heel that was requested on 7/10/13. The 7/10/13 medical report is missing subjective complaints and the physical examination. The patient is reported to have a distant history of ankle fracture from 2007, and apparently has an 11/20/09 industrial injury as well. MTUS/ACOEM guidelines, do not recommend routine MRI studies. In the absence of subjective complaints and physical examination, the MRI of the ankle would be considered routine and not recommended. Therefore, the request for MRI of the left foot/heel is not medically necessary and appropriate.