

<b>Case Number:</b>	CM13-0035280		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Family 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 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 34-year-old male who reported an injury on 10/30/2012. The mechanism of injury was stated to be the patient was lifting a pump from a rolling cart to place it on a low shelf and felt low back pain. The patient was noted to have chiropractic treatments and it was indicated that the low back pain was not significantly improved with the chiropractic treatments. He was noted to have received 10 sessions, which provided temporary relief. The patient was noted to be taking the same amount of medications. The patient was noted to have tenderness to palpation over the paravertebral region bilaterally. The patient's diagnoses were noted to include lumbago and lumbar disc protrusion. The recommendation was to continue chiropractic treatment once a week for 4 weeks and to have acupuncture therapy 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 1x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 5.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58 & 59.

**Decision rationale:** CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. The time to produce effect is indicated as 4 to 6 treatments several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. Treatment beyond 4-6 visits should be documented with objective improvement in function. The clinical documentation submitted for review failed to indicate the patient had objective improvement in function, as it was noted the patient had received chiropractic treatment and felt the same. Given the above, the request for Chiropractic therapy 1x4 for the low back is not medically necessary.

**Acupuncture 3x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Acupuncture Treatment Guidelines.

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

**Decision rationale:** California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The patient was noted to have tenderness to palpation. The clinical documentation submitted for review failed to provide documentation that the acupuncture would be used when the patient had pain medication that was reduced or not tolerated and that it would be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten function. Additionally, per California MTUS, the time to produce improvement is noted to be 3 to 6 treatments and the request for 12 visits would be excessive and there is a lack of documentation of exceptional factors to warrant 12 visits. Given the above, the request for Acupuncture 3x4 for the low back is not medically necessary.