

<b>Case Number:</b>	CM13-0046216		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/04/1994
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Orthopedic Surgery, 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 53-year-old male who reported an injury on 02/04/1994. The patient is currently diagnosed with degenerative disc disease in the lumbar spine, pain in the low back, lumbar radiculopathy, cervical radiculopathy, and cervical pain. The patient was seen by [REDACTED] on 09/23/2013. The patient reported ongoing difficulty with cervical and lumbar spine. It is noted that the patient has undergone conservative management in the past including physical therapy, chiropractic care, anti-inflammatory medication as well as muscle relaxant medication. The patient was also recently authorized 6 acupuncture treatment sessions which did provide "some improvement." Physical examination revealed tenderness to palpation with limited range of motion of the cervical spine, tenderness to palpation of the lumbar spine, limited range of motion, and intact motor and sensory examination. Treatment recommendations included continuation of physical therapy and current medications. It is also noted that the patient was recommended for continuation of acupuncture and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114, and the Official Disability Guidelines (ODG), Neck/Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation page 58. Page(s): 58.

**Decision rationale:** The MTUS Chronic Pain Guidelines state manual therapy and manipulation are 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 documentation submitted, the patient has previously participated in chiropractic treatment. However, documentation of an initial trial of 6 visits over 2 weeks was not provided. Without evidence of objective functional improvement, further treatment cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

**Acupuncture treatment:** 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 state 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. As per the documentation submitted, the patient was recently authorized 6 acupuncture treatments. However, documentation of the previous course of acupuncture treatment was not provided for review. The patient only reported "some improvement" with the previous course of acupuncture treatment. The patient's physical examination continues to reveal tenderness to palpation with diminished range of motion of the cervical and lumbar spine, despite ongoing treatment. Based on the clinical information received the request is not medically necessary and appropriate.

**12 Physical Therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter page 114, and the Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine pages 98-99. Page(s): 98-99.

**Decision rationale:** The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, functional, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in a course of physical therapy for the cervical and lumbar spine. However, documentation of the previous course of physical therapy with total treatment duration and efficacy was not provided for review. The patient's

physical examination continues to reveal tenderness to palpation with diminished range of motion of the cervical and lumbar spine. It is also noted, on a previous note dated 01/16/2013, that the patient reported no improvement with physical therapy treatment. Furthermore, the current request for 12 sessions of physical therapy exceeds MTUS Guidelines' recommendations. Based on the clinical information received the request is not medically necessary and appropriate.