

<b>Case Number:</b>	CM13-0065592		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 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:

According to the records made available for review, this is a 59-year-old male with a 10/4/12 date of injury. At the time (11/7/13) of request for authorization for Acupuncture three times a week for four weeks for the Lumbar Spine and Chiropractic care three times a week for four weeks for the Lumbar Spine, there is documentation of subjective (improved back symptoms as a result of acupuncture chiropractic treatments) and objective (tender paravertebral muscles, spasm is present, restricted range of motion, positive straight leg raising test, and decreased sensation in the bilateral L5 dermatomal distribution) findings, current diagnoses (degeneration of the lumbar or lumbosacral intervertebral disc and chronic low back pain), and treatment to date (acupuncture, chiropractic treatment, and medications). The number of previous acupuncture and chiropractic treatments cannot be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE THREE TIMES A WEEK FOR FOUR WEEKS 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 may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the MTUS Acupuncture Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of degeneration of the lumbar or lumbosacral intervertebral disc and chronic low back pain. In addition, there is documentation of previous acupuncture therapy treatments completed to date. However, there is no documentation of the number of previous treatments. In addition, despite documentation that the patient has been improving with previous acupuncture therapy, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous acupuncture. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture three times a week for four weeks for the Lumbar Spine is not medically necessary.

**CHIROPRACTIC CARE THREE TIMES A WEEK FOR FOUR WEEKS FOR THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines section on Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** ACOEM Guidelines identify documentation of objective functional deficits and functional goals as criteria necessary to support the medical necessity of additional chiropractic treatment. In addition, the MTUS Chronic Pain Guidelines support a total of up to 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of degeneration of the lumbar or lumbosacral intervertebral disc and chronic low back pain. In addition, there is documentation of previous chiropractic sessions. Furthermore, given documentation of subjective (improved back symptoms as a result of acupuncture chiropractic treatments) and objective (tender paravertebral muscles, spasm is present, restricted range of motion, positive straight leg raising test, and decreased sensation in the bilateral L5 dermatomal distribution) findings, there is documentation of functional deficits and functional goals. However, there is no documentation of the number of chiropractic sessions completed. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous chiropractic treatments. Therefore, based on guidelines and a review of the evidence, the request for Chiropractic care three times a week for four weeks for the lumbar spine is not medically necessary and appropriate.

