

<b>Case Number:</b>	CM14-0109729		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 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:

This is a 59-year-old male who reported an industrial injury on 1/10/2011, over 3 years ago, attributed to the performance of his usual and customary job duties reported as cumulative trauma due to performing his duties as an auto mechanic. The patient was evaluated for ongoing neck, back, right lower extremity pain along with hearing problems. The patient was previously established as permanent and stationary on 8/22/2013. The patient was being treated under the provisions of future medical care for the back and lower extremities. It was reported that the patient developed decreased hearing senses date of being assessed as permanent and stationary. The objective findings on examination included mood was appropriate; affect normal; cervical spine with limited range of motion; tenderness to the trapezius and paravertebral equally; Spurling's test positive on the left; strength and sensation were 4/5 on the left at C5, C6, C7, and C8 and 5/5 on the right at C5, C6, C7, and C8; reflexes normal; lumbar spine with decreased range of motion; tenderness to palpation lumbar spine strength and sensation documented. The diagnosis was cervical disc herniation and lumbar disc herniation. The treatment plan included 2X4 sessions of chiropractic care/CMT and acupuncture 2X4 directed to the neck and back. The patient was prescribed Norco and ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2x/week for 4 weeks Cervical and Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, 153-154. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter--Manipulation

**Decision rationale:** The ACOEM Guidelines recommend no chiropractic care/CMT in the presence of a nerve impingement radiculopathy and do not recommend chiropractic care for chronic back pain. Chiropractic care is recommended for acute low back pain but not chronic back pain. The patient is noted to have only TTP upon examination with some diminished Range of Motion; and full strength. The patient was provided prior sessions of chiropractic care with no demonstrated sustained functional improvement. There are no recommendations for maintenance chiropractic care. The request for additional chiropractic care exceeds the recommendations of the California MTUS. The treatment of the patient with chiropractic care/CMT is not supported with objective evidence for the cited objective findings on examination. The treating diagnoses do not support the medical necessity of additional chiropractic care as opposed to integration into a self-directed home exercise program. The CA MTUS recommends chiropractic care for acute back pain. The ACOEM Guidelines do not recommend chiropractic care for chronic low back pain. The CA MTUS does not recommend more than 18 sessions of chiropractic care to the lumbar spine for severe acute injuries. The recommendation for moderate strains to the lower back is up to nine (9) sessions of chiropractic care. The patient does not meet the criteria recommended for continued chiropractic care to the lumbar spine. The request for chiropractic care for the chronic back pain is not supported with objective evidence to support medical necessity and is not demonstrated to be effects of the industrial injury. The requested treatment is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the medical necessity of chiropractic care as opposed to the recommended home exercise program. The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and subacute lower back and upper back/neck pain. The patient has chronic lower back pain and the CA MTUS and the ACOEM Guidelines do not recommend maintenance care or periodic treatment plans for flare up care. The ACOEM Guidelines do not recommend the use of chiropractic manipulation for the treatment of chronic lower back/neck pain or for radiculopathies due to nerve root impingement. The ACOEM Guidelines recommend chiropractic manipulation for the treatment of acute/subacute lower back pain but not for chronic back pain, as there is no supporting evidence of the efficacy of chiropractic treatment for chronic lower back pain. The updated ACOEM Guidelines (revised 4/07/08) for the lower back do not recommend chiropractic manipulation for chronic lower back pain or for radiculopathy pain syndromes. Chiropractic intervention is recommended by the ACOEM Guidelines during the first few weeks of acute lower back pain but not for chronic pain. The patient should be participating in a self-directed home exercise program for the treatment of her chronic lower back pain. The requested treatment is being directed to chronic back pain, which is inconsistent with the recommendations of the revised ACOEM Guidelines for the treatment of the lower back. There is no documented objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. Therefore, Chiropractic therapy 2Xweek for 4 weeks Cervical and Lumbar spine are not medically necessary. Acupuncture 2xweek for 4 weeks cervical and lumbar spine are not medically necessary.

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

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

**Decision rationale:** There was no documentation by the requesting provider whether or not the patient had received prior sessions of acupuncture. There was no sustained functional improvement documented. There was only reported symptomatic relief on a temporary basis. There is no demonstrated medical necessity for eight (8) sessions of acupuncture. The treating physician requested acupuncture sessions to the neck and back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated functional improvement on a PR-2 by the acupuncturist. There is no documented reduction of medications attributed to the use of acupuncture as the patient has continued on opioid therapy is 3 years after the date of injury. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the neck and back. The use of acupuncture is not demonstrated to be medically necessary. There is no demonstrated medical necessity of additional acupuncture in conjunction with chiropractic care/CMT. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule, the ACOEM Guidelines, and the Official Disability Guidelines for treatment of the neck and back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks. Therefore, Acupuncture 2xweek for 4 weeks cervical and lumbar spine are not medically necessary.