

<b>Case Number:</b>	CM14-0012841		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 licensed in Chiropractic and Acupuncture 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 claimant is a 43 year old male who sustained a work related injury on 3/9/2013. Prior treatment includes physical therapy, acupuncture, oral medication and chiropractic. Per a PR-2 dated 10/8/2013, the claimant has benefited from chiropractic in the past. It also states that claimant began a physical therapy course but only managed one session because of increased pain. Three chiropractic treatments were authorized on 11/22/13 and rendered on 12/18/2013, 1/21/2014, and 1/30/2014. On 1/30/2014, the chiropractic note states that the claimant feels a little better. According to a prior UR, the NP has stated that the claimant has done remarkably well with acupuncture. Per a PR-2 dated 2/20/2014, the claimant has neck pain, back pain, and radiating pain to his left leg and right hip. The pain is interfering with his daily life. His diagnoses are disc bulge in the lumbar spine, multi-level facet arthropathy, lumbar spine radiculopathy, and cervical spine sprain/strain. The claimant is on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE TREATMENTS FOR THE LUMBAR AND CERVICAL SPINE, 2 TIMES WEEKLY FOR 6 WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had an initial trial of acupuncture, however the provider failed to document objective functional improvement associated with the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary.

**PHYSIOTHERAPY FOR THE LUMBAR AND CERVICAL SPINE, 2 TIMES WEEKLY FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant has had recent physiotherapy with his three authorized chiropractic visits of mechanical traction and myofascial release. Also prior physical therapy was discontinued due to increased pain. There is no evidence that physical therapy benefits the claimant. There is no documentation of how many prior physical therapy session have been rendered, of functional improvement from prior sessions, or of a fading of treatment with a self directed home exercise program. Therefore further physical therapy is not medically necessary.

**CHIROPRACTIC TREATMENT FOR THE LUMBAR AND CERVICAL SPINE, 2 TIMES WEEKLY FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had extensive chiropractic and most recently three chiropractic visits, however the provider failed to document functional improvement associated with the completion of his chiropractic visits. Therefore further chiropractic is not medically necessary.