

<b>Case Number:</b>	CM14-0146928		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 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 32-year-old male who was involved in a work injury on 1/9/2012 in which he injured his lower back. On 2/6/2014 the claimant presented to the office of [REDACTED] for an initial evaluation for complaints of lower back pain with pain radiating into the bilateral legs. The claimant was diagnosed with lumbosacral myoligamentous injury and lumbar radiculopathy. The recommendation was for an MRI of the lumbar spine, extracorporeal shockwave therapy, FCE, acupuncture, and medication. On 7/1/2014 the claimant was reevaluated by [REDACTED], for complaints of lower back pain. The claimant was diagnosed with rule out lumbar disc protrusion and rule out lumbar radiculitis versus radiculopathy. The recommendation was for 12 chiropractic and acupuncture treatments at 2 times per week for 6 weeks. This was denied by peer review. The rationale was that "given patient will undergo acupuncture therapy, it is not medically appropriate to initiate both acupuncture therapy and chiropractic therapy simultaneously therefore once patient has been assessed status post acupuncture therapy then depending on response chiropractic therapy can be considered."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 Times a Week for 6 Weeks Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manipulation section Page(s): 58.

**Decision rationale:** The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested 12 treatments exceed this guideline. Moreover, the request was for chiropractic and acupuncture treatment concurrently. The previous reviewer appropriately opined that concurrent treatment consisting of acupuncture and chiropractic treatment is not appropriate. Therefore, consistent with MTUS guidelines, the medical necessity for the requested 12 chiropractic treatments was not established.