

<b>Case Number:</b>	CM14-0158715		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/23/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2014

### 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 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:

The patient is a 51-year-old male who has submitted a claim for lumbar disc degenerative disease, lumbar facet syndrome, and myofascitis associated with an industrial injury date of 6/23/2013. Medical records from 2014 were reviewed. The patient complained of low back pain rated 5/10 in severity and described as sharp, dull and stiff. The patient was 25% better from previous therapy. Physical examination showed biomechanical joint dysfunction over L3, L4 and L5 vertebral segments. Moderate spasms, hypertonicity, and tenderness were noted. Kemp's test was positive on the right. MRI of the lumbar spine from 10/28/2014 showed diffuse narrowing of the spinal canal measuring 1.17 cm. Alignment and lordosis were maintained. Treatment to date has included physical therapy, chiropractic care, acupuncture, activity restriction, and medications. The utilization review from 9/15/2014 denied the requests for 8 chiropractic therapy sessions 2 times a week for 4 weeks for the lumbar spine and acupuncture treatments 1-2 times per week for 1-2 months for the lumbar spine because of no supporting evidence of objective functional benefit from previous therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic therapy sessions 2 times a week for 4 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapy Page(s): 58-59.

**Decision rationale:** As stated on pages 58-59 of CA MTUS Chronic Pain Medical Treatment Guidelines, several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, the patient completed a course of chiropractic care in the past. The patient was 25% better from previous therapy. However, there is no documentation concerning objective evidence of functional improvement and the number of completed sessions. The medical necessity cannot be established due to insufficient information. Therefore, the request for 8 chiropractic therapy sessions 2 times a week for 4 weeks for the lumbar spine is not medically necessary.

**Acupuncture treatments 1-2 times per week for 1-2 months 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:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is 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. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, the patient has received acupuncture treatment in the past; however, the exact number of visits is not documented in the medical records submitted. There was no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with the use of acupuncture. Therefore, the request for acupuncture treatments 1-2 times per week for 1-2 months for the lumbar spine is not medically necessary.