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| <b>Case Number:</b>   | CM14-0024975 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 09/20/2013 |
| <b>Decision Date:</b> | 08/04/2014   | <b>UR Denial Date:</b>       | 02/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/27/2014 |

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 36 year-old with a date of injury of 09/20/13. A progress report associated with the request for services, dated 01/15/14, identified subjective complaints of low back pain and bilateral arm pain and numbness. Objective findings included tenderness to palpation of the lumbar spine and decreased range-of-motion. Diagnoses included lumbosacral sprain and possible disc disease. Treatment has included 4 sessions of chiropractic therapy and 7 sessions of physical therapy that were not helping. A Utilization Review determination was rendered on 02/11/14 recommending non-certification of acupuncture (with infrared and acupressure) 2x4 weeks and chiropractic care (with myofascial release) 1x4 weeks for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (with infrared and acupressure) 2x4 weeks:** Upheld

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

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

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It

further states that acupuncture can be used 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. The frequency and duration of acupuncture is listed as:-Time to produce functional improvement: 3 to 6 treatments.-Frequency: 1 to 3 times per week.-Optimum duration: 1 to 2 months.The request exceeds the frequency Guidelines for acupuncture therapy. Necessity for sessions that exceed the Guidelines would require evidence of functional improvement. The original request was modified. Therefore, the request for Acupuncture (with infrared and acupressure) 2x4 weeks is not medically necessary and appropriate.

**Chiropractic care (with myofascial release) 1x4 weeks for the low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

**Decision rationale:** The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. In this case, the patient has had 7 sessions of chiropractic therapy without any functional improvement. Therefore, the record does not document the medical necessity for Chiropractic care (with myofascial release) 1x4 weeks for the low back.