

<b>Case Number:</b>	CM14-0045359		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Internal 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 an injured worker with low back complaints. Date of injury was 03-20-2012. The progress report dated October 1, 2013 documented that the the patient is status post radio frequency denervation on the right side of midline at L3-L4, L4-L5 and L5-S1 with excellent anatomical placement of the radio frequency needles just at the intersection of the pedicle and the transverse process at L4, L5, L3 as well as the sacral ala and superior articular process of the L5-S1 level. There is no severe pain. There is mild burning pain which is not severe enough to require medication or other treatment at this time. Patient has improved by 60% and would like to move forward and denervate her left side. The treatment plan was to proceed with radio frequency ablation of the left side midline at L3-4, L4-5, and L5-S1. The progress report dated 12/3/13 documented physical examination the patient which demonstrated severe pain in extension to 5 off the midline. In side bending it is worsened and completely replicates her pain in character and location. Impression was status post radio frequency denervation, right and left side of midline, severe pain status post radio frequency denervation to the left side of midline at L3-L4, L4-L5 and L5-S1. The treatment plan was facet injections, intraarticular, L3-L4, L4-L5 and L5-S1 as was performed on the right which resulted in remarkable pain relief on the right side of midline which she is still enjoying. The progress report dated December 18, 2013 documented that the patient has diminished pain in the lumbosacral spine overlying the facet joints at L3-L4. L4-L5 and L5-S1 bilaterally. She is recently status post facet injections on the left side of midline at L3-L4. L4-L5 and L5-S1 on the left side which improved the postprocedural pain secondary to the radio frequency. Overall, the patient is improved by 50%. Physical examination was documented. She has improved range of motion, strength and flexibility. There is less pain over the multifidus muscle and less pain over the lumbar facets mentioned above in extension to 10. The patient does extend to 18 and side-bends to 15

bilaterally. Impression was facet syndrome, bilateral lumbar spine, L2-L3, L3-L4 and L4-L5. Treatment plan was a complex spine or neurosurgical spine referral for consultation regarding possible surgery to the lumbar spine in the posterior column. Utilization review determination date was 03-26-2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Additional 2x6 Chiropractic Treatments: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 299, 308, Chronic Pain Treatment Guidelines Chiropractic; Manual therapy & manipulation Page(s): 30; 58-60.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. For low back conditions, a trial of 6 visits is an option. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and palliative interventions are without meaningful long-term benefit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that a prolonged course of manipulation (longer than 4 weeks) is not recommended. The request for authorization (RFA) was dated 3/21/14. Chiropractic 12 treatments were requested. The latest progress note was dated 12/18/13. Recent progress reports were not present in the submitted medical records. MTUS guidelines limit treatments to 6 visits without documentation of functional recovery. The request for 12 additional chiropractic treatments would exceed MTUS guidelines. ACOEM guidelines state that a prolonged course of manipulation (longer than 4 weeks) is not recommended. The request for chiropractic dated 3/21/14 is not supported. Therefore, the request for additional two times six chiropractic treatments is not medically necessary.

#### **Additional 2x4 Acupuncture Treatments: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.20 - Definitions.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. California MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvement is 3 to 6 treatments. 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. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. The request for authorization (RFA) was dated 3/21/14. Acupuncture 8 treatments were requested. The latest progress note was dated 12/18/13. Recent progress reports were not present in the submitted medical records. MTUS Acupuncture Medical Treatment Guidelines limit treatments to 6 visits without documentation of functional recovery. The request for 8 additional acupuncture treatments would exceed MTUS guidelines. ACOEM guidelines state that acupuncture has not been found effective in the management of back pain. The request for acupuncture dated 3/21/14 is not supported. Therefore, the request for Additional two times four acupuncture treatments is not medically necessary.