

<b>Case Number:</b>	CM14-0087785		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/24/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Family Medicine and is licensed to practice in Tennessee, Florida and 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 injured worker is a 52 year old male who sustained an injury to his low back on 12/24/09. Mechanism of injury was not documented. Clinical note dated 12/11/13 reported that the injured worker reported to the clinic because of flare-up of pain and discomfort involving his low back and leg. He reported increased pain and discomfort and wished to receive treatment. He also had pain in his right shoulder. Clinical note dated 01/08/14 reported that the injured worker was still symptomatic with pain and discomfort involving the low back and right shoulder. Partial certification for 12 visits of electro acupuncture treatment, four visits of massage therapy, and six visits of chiropractic treatment was made. Clinical note dated 04/15/14 reported that the injured worker requested additional electro acupuncture treatment. Clinical note dated 05/20/14 noted that the injured worker wished to continue treatment, but unfortunately there further treatment was denied. The most recent clinical note dated 07/14/14 reported that the injured worker actually had worsened low back pain and leg pain and shoulder pain. Physical examination noted improvement in lumbosacral spine range of motion; motor strength 5/5 in bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-Acupuncture X8 Low Back:** Upheld

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

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

**Decision rationale:** The request for electro acupuncture times eight visits for low back is not medically necessary. Previous request was partially certified for four visits on the basis that no information was submitted with an account of how prior courses of electro-acupuncture allowed the injured worker to realize clinically significant improvement in activities of daily living or reduction of work restrictions as measured during the history and physical examination, and reduction in dependency of continued medical treatment. Furthermore, the request exceeds current guideline recommendations for frequency for of treatment. Treating physician did not provide analysis of long term goals with the requested treatment, particularly in that in light that the injured worker has been performing regular duty and he was previously declared permanent and stationary. After reviewing the clinical documentation submitted for review, there is no additional significant objective clinical information provided that would support the need to reverse the previous adverse determination. Given this, the request for electro acupuncture times eight visits for low back is not indicated as medically necessary.

**MRI Lumbosacral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the lumbosacral spine is not medically necessary previous request was denied on the basis that specifically lacking as objective evidence of neurological impairment and dermatomal distribution. Moreover, the treating physician did not raise the spectre of cancer or infection as possible diagnostic considerations, nor does he document whether surgery is a consideration. The treating physician did not establish medical necessity of the requested MRI and the request does not meet guideline criteria. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain x-rays were obtained prior to the request for more advanced MRI. There was no mention that a surgical intervention was anticipated. There were no additional 'red flags' identified that would warrant a repeat study. Given this, the request for MRI of the lumbosacral spine is not indicated as medically necessary.

**Chiropractic Treatments X 10 Low Back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The request for 10 chiropractic treatments for the low back is not medically necessary. Previous request was denied on the basis that the injured worker was declared permanent and stationary and specifically recommended 10-12 chiropractic visits for the low back as needed for the ensuing two years, if more needed after two years, reevaluation would be needed if there was a dispute. The injured worker already received 18 chiropractic visits to date, yet there was no objective evidence provided of functional improvement with prior courses of chiropractic manipulation. No information was submitted with an account of how prior courses of chiropractic manipulation allowed the injured worker to realize a clinically significant improvement activities of daily living or reduction in work restrictions as measured during the history and physical examination, and reduction in dependency on continued medical treatment. Furthermore, the request exceeds current guideline recommendations for frequency of treatment. Lastly, the treating physician did not provide analysis on long term goals with the requested treatment, particularly in light of fact that the injured worker has been performing regular duty and was previously declared permanent and stationary. After reviewing the clinical documentation submitted for review, there is no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for 10 chiropractic treatments for the low back is not indicated as medically necessary.