

<b>Case Number:</b>	CM14-0091280		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Chiropractic & Acupuncture 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:

Claimant is a 57 year old male who sustained a work related injury on 7/21/2012. On 5/30/2014, the claimant was approved for six acupuncture visits as an initial trial. Prior treatment includes left shoulder arthroscopy, physical therapy, cryotherapy, epidural injections, and oral medication. His diagnoses are spinal stenosis, radiculopathy, left elbow lateral epicondylitis, cervical and lumbar DJD, foraminal stenosis, and sciatica. Per a PR-2 dated 5/6/2014, the claimant in the low back radiating down to the left leg all the way down to the big toes. It is worse at night. It is an achy, sharp, and shooting pain. Lying down aggravates it with numbness and tingling. The claimant has decreased sensation in the right S1 and left L4 distribution. SLR is positive in the lower left extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic: two (2) times a week for six (6) weeks QTY: 12: Upheld**

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

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

**Decision rationale:** According to evidence based guidelines, an initial trial of chiropractic consists of six visits. A request for twelve visits exceeds the recommended number and therefore is not medically necessary. The provider is recommended to request six visits for an initial trial. If objective functional improvement is demonstrated, further visits may be certified after the trial. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Therefore, the request for chiropractic 2 times a week for 6 weeks qty: 12 is not medically necessary and appropriate.

**Acupuncture : Twelve (12) visits (2x6) QTY: 12: Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of six visits. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial. Therefore, the request for chiropractic 2 times a week for 6 weeks qty: 12 is not medically necessary and appropriate.