

<b>Case Number:</b>	CM14-0192292		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and 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 31 year old female who sustained a work related injury on 9/20/2013. Per a PR-2 dated 9/12/2014, the claimant complains of lower back pain with dull pain on right leg to left leg with numbness with no tingling sensation. He also gets cramping on the right leg. Prior treatment includes medication and physical therapy. She has tenderness to palpation with spasms in her lumbar paraspinals and bilateral gluteals. She also has tenderness to palpation in the bilateral sacroiliacs. She has limited range of motion in her low back and decreased strength. Her diagnoses are lumbar spine sprain/strain with radiculitis, muscle spasms and medication induced gastritis. She is working modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Chiropractic Treatment Visits: Upheld**

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

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

**Decision rationale:** It appears that this is a request for an initial chiropractic trial. Evidenced based guidelines recommend a trial of chiropractic. However, a request for 12 visits exceeds the

recommended guidelines of less than six. If functional improvement is documented, further chiropractic may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of prior chiropractic. Also the duration and total amount of visits should be submitted.

**12 Acupuncture Treatment Visits:** Upheld

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

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

**Decision rationale:** It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted.