

<b>Case Number:</b>	CM14-0194523		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	01/16/2007
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 54 year-old male with a date of injury of January 16, 2007. The patient's industrially related diagnoses include status post lumbar spine fusion, failed back syndrome, lumbar spine radiculopathy, and depression. The injured worker has been treated with acupuncture, physical therapy, and medications. The injured worker underwent lumbar spine surgery on 3/6/2008. The disputed issues are x-ray of the lumbar spine, acupuncture at twice a week for six weeks to the lumbar spine, and chiropractic/physiotherapy at twice a week for six weeks to the lumbar spine. A utilization review determination on 10/23/2014 had non-certified these requests. The stated rationale for the denial of the x-rays of the lumbar spine was: "The claimant has ongoing symptoms in the lumbar spine. However, there is limited evidence of re-injury to the lumbar spine to support imaging." The stated rationale for the denial of acupuncture was: "The claimant was treated with acupuncture care in the past. However, there is limited evidence of functional improvement from prior care as well as reduction in pain medication intake. Without clinical gains outlined, medical necessity for additional care is not evident." Lastly, the stated rationale for the denial of chiropractic/physiotherapy was: "The claimant was treated with physical therapy in the past. However, there is limited evidence of functional improvement from prior care. There is no clear documentation of the claimant's response from prior chiropractic care. Therefore, medical necessity for additional care is not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**x-ray of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedures

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography X-rays

**Decision rationale:** Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the injured worker has had substantial imaging already provided in the form of x-rays and MRI. In the progress report dated 10/15/2014, it was noted that the injured worker had diagnostic studies which included x-rays of the low back, MRI on 2/1/07, and another MRI after his lumbar spine fusion on 3/6/2008. In the progress report dated 7/1/2014, it was further noted that the injured worker had a second x-ray of the lumbar spine on 10/7/2008 and a CT scan of the lumbar spine on 9/26/2012. However, the treating physician indicated that the injured worker's symptoms have worsened since the time of the most recent imaging. Additionally, the treating physician documented positive clinical findings on physical examination consistent with the diagnosis of lumbar spine radiculopathy. Based on the documentation, the currently requested x-ray of the lumbar spine is medically necessary.

**Acupuncture, twice a week for six weeks to the lumbar spine:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the submitted medical records available for review, there was evidence that the injured worker previously had acupuncture therapy to the low back. The documentation indicated he was approved for 8 sessions and started on 6/10/2014. However, there was no documentation or objective evidence of functional improvement with the sessions completed and according to the guidelines, additional acupuncture is not warranted without

previous improvement in function. Therefore, in the case of this injured worker, the requested acupuncture twice a week for six weeks to the lumbar spine is not medically necessary.

**Chiro/physiotherapy, twice a week for six weeks to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58-60 and 98-99 of 127.

**Decision rationale:** Regarding the request for chiropractic care/physiotherapy, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. However, these guidelines specify for an initial trial of up to 6 visits. Only with evidence of objective functional improvement can further session be supported. The guidelines also state that continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. Within the documentation available for review, there is evidence that the injured worker received both chiropractic care and physical therapy in the past, but the number of treatments was not specified. In a progress report dated 7/1/2014, it was documented that the injured worker received physical therapy for his back, but it did not help him. He went to see a chiropractor right after the accident, but that did not help him either. Furthermore, in the progress report dated 10/15/2014, the treating physician reviewed previous records (not available for review) that stated: "Because physical therapy has not been of value in the past, it is recommended that it not be reinstated." According to the guidelines, additional chiropractic care and physical therapy is supported only with documentation of functional improvement. Due to a lack of documentation of functional improvement in the submitted medical records, medical necessity for chiropractic care/physiotherapy is not established.