

<b>Case Number:</b>	CM14-0198767		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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, 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 a 47-year old male with date of injury 5/25/12. The treating physician report dated 10/2/14 (80) indicates that the patient presents with intermittent moderate sharp low back pain and stiffness radiating to the legs with numbness and tingling. The patient also suffered from depression and anxiety. The physical examination findings reveal there is tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscle and sacrum. There is muscle spasm of the lumbar paravertebral muscle. Additionally, there is restricted range of motion secondary to pain in all planes and a positive straight leg-raising test bilaterally for pain. Prior treatment history includes use of medications, lumbar epidural steroid injections, and physical and pool therapy. MRI findings dated 9/5/14 (131) reveal degenerative lumbar spondylosis and clinical evidence of a right S1 radiculopathy. The current diagnoses are: - Lumbar radiculopathy-Lumbar sprain/strain-Anxiety-DepressionThe utilization review report dated 10/22/14 modified the request for 8 sessions of chiropractic treatment for the lumbar spine to 6 sessions based upon MTUS. The utilization review also denied the requests for 8 sessions of acupuncture therapy for the lumbar spine and 8 physical therapy visits for the lumbar spine based on MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions chiropractic treatment for the lumbar spine:** Overturned

**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 Manual therapy and manipulation Page(s): 58-60.

**Decision rationale:** The patient presents with intermittent moderate sharp low back pain and stiffness radiating to the legs with numbness and tingling. The current request is for 8 sessions chiropractic treatment for the lumbar spine. The treating physician report dated 10/2/14 states, there is tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscle and sacrum. There is muscle spasm of the lumbar paravertebral muscle. Additionally, there is restricted range of motion secondary to pain in all planes and a positive straight leg-raising test bilaterally for pain. MTUS guidelines state that manual therapy and manipulation are recommended as an option for chronic low back pain. It further states that a trial of 6 visits over 2 weeks, with evidence of objective functional improvement is required with an option of a total of up to 18 visits over 6-8 weeks. In this case, the treating physician has not documented any prior chiropractic therapy. In further reviewing the details of the Manual Therapy and Manipulation section of MTUS on page 59 it states, "A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. The current request for 8 initial sessions is supported by the Delphi consensus study, which is part of the MTUS guidelines and is medically necessary. The request is medically necessary.

**8 sessions of acupuncture therapy for 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:** The patient presents with intermittent moderate sharp low back pain and stiffness radiating to the legs with numbness and tingling. The current request is for 8 sessions acupuncture for the lumbar spine. The treating physician report dated 10/2/14 states, there is tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscle and sacrum. There is muscle spasm of the lumbar paravertebral muscle. Additionally, there is restricted range of motion secondary to pain in all planes and a positive straight leg-raising test bilaterally for pain. The patient has not received any prior acupuncture treatments for the treatment of the current injury based on the reports submitted for review. Acupuncture Medical Treatment Guidelines (AMTG) do recommend acupuncture for the treatment of low back complaints. AMTG states, "Time to produce functional improvement: 3 to 6 treatments." In this case, the request is for 8 sessions and there is no documentation that symptoms persist after receiving chiropractic and physical therapy care. Therefore, the request is not medically necessary.

**8 physical therapy visits for the lumbar spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with intermittent moderate sharp low back pain and stiffness radiating to the legs with numbness and tingling. The current request is for 8 sessions physical therapy for the lumbar spine. The treating physician report dated 10/2/14 states, there is tenderness to palpation of the bilateral sacroiliac joints, coccyx, lumbar paravertebral muscle and sacrum. There is muscle spasm of the lumbar paravertebral muscle. Additionally, there is restricted range of motion secondary to pain in all planes and a positive straight leg-raising test bilaterally for pain. MTUS guidelines allow 8-10 Physical Therapy (PT) visits. In this case, the medical history documents the patient received physical therapy in the past. However, the number of PT treatments is not documented. Therefore, without clear documentation of the prior number of PT treatments future treatments cannot be properly evaluated. The request is not medically necessary.