

<b>Case Number:</b>	CM14-0200752		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	05/17/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 36-year-old male with an injury date of 05/17/13. Based on the 10/02/14 progress report provided by treating physician, the patient complains of pain in neck, lower back, right wrist, both knees, both ankles, both hands, and right and left digits. Patient is status-post left wrist carpal tunnel release 05/16/14 as well as lumbar and cervical epidural steroid injections x3 02/17/14. Physical examination on 09/08/14 revealed positive straight leg at 75 degrees bilaterally eliciting pain in L5-S1 dermatome distribution, tightness and spasm paraspinal musculature, and facet joint tenderness at L4 and L5 levels bilaterally. The patient was tested on 10/02/14 using a JTECH tracker which showed decreased range of motion of upper and lower extremity, cervical, and lumbar. Per imaging reports dated 05/06/14, no abnormalities were noted. There is no record of prior acupuncture and chiropractic treatment. Patient is totally temporarily disabled. Diagnosis 09/23/14- Cervical sprain/strain with radiculopathy-Lumbar sprain/strain with radiculopathy-Right wrist sprain/strain r/o Carpal Tunnel Syndrome-Left hand sprain/strain r/o Carpal Tunnel Syndrome-Bilateral thigh sprain/strain-Bilateral knee sprain/strain-Right ankle sprain/strainThe utilization review determination being challenged is dated 11/06/14. The rationale follows:1. ACUPUNCTURE TREATMENT X10 SESSIONS, LOW BACK: "the scope nature and outcome of prior conservative treatment for this injury is not elaborated in the record review." 2. CHIROPRACTIC TREATMENT X5 SESSIONS, LOW BACK: "...the scope nature and outcome of prior conservative treatment for this injury is not elaborated in the record review." Treatment reports were provided from 01/22/14 - 11/12/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Acupuncture treatment times ten sessions, for the low back: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with pain in neck, lower back, right wrist, both knees, both ankles, both hands, and right and left digits. The request is for acupuncture treatment times ten sessions, low back. Patient's diagnosis on 09/23/14 include cervical sprain/strain with radiculopathy and lumbar sprain/strain with radiculopathy. There are no documentations of the number of previous acupuncture sessions. Patient is totally temporarily disabled. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not state the reason for the request in detail. UR letter dated 11/06/14 states: the scope nature and outcome of prior conservative treatment for this injury is not elaborated in the record review." There are no detailed discussions regarding treatment history and associated outcomes. Furthermore, Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: time to produce functional improvement: 3 to 6 treatments. In this case, although there are no records of prior treatments, the request for 10 sessions of acupuncture is excessive based on the guidelines. Therefore, the request is not medically necessary.

### **Chiropractic treatment times five sessions, for the low back: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with pain in neck, lower back, right wrist, both knees, both ankles, both hands, and right and left digits. The request is for Chiropractic Treatment times five sessions, low back. Patients' diagnosis on 09/23/14 include cervical sprain/strain with radiculopathy and lumbar sprain/strain with radiculopathy. There is no documentation of the number of previous chiropractic sessions. Patient is totally temporarily disabled. California MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. California MTUS page 8 also requires that the treater monitor the treatment progress to

determine appropriate course of treatments. Treater does not state the reason for the request in detail. UR letter dated 11/06/14 states: the scope nature and outcome of prior conservative treatment for this injury is not elaborated in the record review California MTUS recommends an optional trial of 6 visits over 2 weeks and with evidence of objective functional improvement, up to 18 sessions. There is no evidence of prior chiro treatments on this patient and the requested 5 sessions appear reasonable. The request is medically necessary.