

<b>Case Number:</b>	CM15-0169836		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 70 year old female sustained an industrial injury to the low back on 6-19-14. Previous treatment included physical therapy, chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit, h-wave and medications. Documentation did not disclose the number of previous therapy visits or recent magnetic resonance imaging. In a PR-2 dated 7-7-15, the injured worker stated that she had presented to Emergency Department on 6-27-15 due to a flare up of her condition. The injured worker had been using ice and H-wave at home, which were beneficial. The injured worker was taking Naproxen Sodium and Ibuprofen for pain. Physical exam was remarkable for lumbar spine with limited and painful range of motion, bilateral hypertonicity to the dorso-lumbar paraspinal musculature, positive straight leg raise and positive Kemp's and Milgram's tests. Current diagnoses included lumbar spine sprain, strain, and lumbar neuritis. The treatment plan included requesting 6 additional chiropractic therapy and acupuncture visits and follow up with [REDACTED] for additional injection therapy. On 8-17-15, Utilization Review non-certified requests for 6 additional acupuncture and chiropractic therapy visits and follow-up with [REDACTED] for additional injection therapy noting lack of documentation of previous therapy and treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office consultation: Follow-up visit with the doctor for additional injection therapy:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p127.

**Decision rationale:** The claimant sustained a work injury in June 2014 and is being treated for low back pain with lower extremity neuritis. When seen, there had been a recent flare-up and she had been seen in an Emergency Room. Morphine had been administered which didn't help. She was taking Naprosyn, ibuprofen, and using an H-wave unit and ice. Physical examination findings included decreased and painful lumbar range of motion with positive straight leg raising, Kemp's, and Milgram's tests. There was paraspinal muscle hypertonicity. There were flare-ups in February, March, and April. Additional acupuncture and chiropractic treatments were requested. Follow-up for additional injection therapy was also requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has recurrent flare-ups of pain, interventional or other care might be an option in her treatment, and requesting a pain management follow-up is medically necessary. However, without the results of that evaluation, authorization for injections cannot be approved and the requesting provider is continuing as the PTP. Therefore, the request that was submitted is not considered medically necessary.

**Six (6) additional chiropractic sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant sustained a work injury in June 2014 and is being treated for low back pain with lower extremity neuritis. When seen, there had been a recent flare-up and she had been seen in an Emergency Room. Morphine had been administered which didn't help. She was taking Naprosyn, ibuprofen, and using an H-wave unit and ice. Physical examination findings included decreased and painful lumbar range of motion with positive straight leg raising, Kemp's, and Milgram's tests. There was paraspinal muscle hypertonicity. There were flare-ups in February, March, and April. Additional acupuncture and chiropractic treatments were requested. Follow-up for additional injection therapy was also requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months.

In this case, the number of prior treatments is unknown and the request cannot be accepted as being medically necessary.

**Six (6) additional acupuncture sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The claimant sustained a work injury in June 2014 and is being treated for low back pain with lower extremity neuritis. When seen, there had been a recent flare-up and she had been seen in an Emergency Room. Morphine had been administered which didn't help. She was taking Naprosyn, ibuprofen, and using an H-wave unit and ice. Physical examination findings included decreased and painful lumbar range of motion with positive straight leg raising, Kemp's, and Milgram's tests. There was paraspinal muscle hypertonicity. There were flare-ups in February, March, and April. Additional acupuncture and chiropractic treatments were requested. Follow-up for additional injection therapy was also requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of prior treatments is unknown and the request cannot be accepted as being medically necessary.