

<b>Case Number:</b>	CM15-0195666		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	12/15/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35 year old male who sustained an industrial injury December 15, 2014. Diagnoses are L5-S1 lumbosacral 8mm disc protrusion; lumbar central canal stenosis; lumbar myofascial spasms. An orthopedic agreed medical evaluation dated July 13, 2015, the physician documented he had the opportunity to review an MRI of the lumbar spine dated December 16, 2014, and agreed with clinical impression; disc protrusions L1-2 and L4-5 with 8-9mm left paracentral disc protrusion L5-S1 resulting in severe left neural foraminal stenosis with S1 left sided radiculopathy. According to a treating physician's progress report dated August 19, 2015, the injured worker presented with complaints of slightly worsening lower back pain, rated 4 out of 10 and spasm. He denies any radiating pain, numbness tingling or weakness. He has been working unrestricted (police officer) and finds with some activities the lower back pain increases. He has not been taking medication and finds exercise and stretching have been helpful. Physical examination revealed; tenderness around L5 with deep palpation, myofascial spasms present, negative facet loading and full range of motion of the lumbar spine; lower extremity strength and neurological testing within normal limits. At issue, is the request for authorization dated August 31, 2015, for 12 acupuncture treatments and 12 chiropractic treatments for the lumbar spine. According to utilization review dated September 4, 2015, the requests for (12) acupuncture treatments, lumbar spine was modified to (3) acupuncture treatments, lumbar spine. The request for (12) chiropractic treatments, lumbar spine was modified to (2) chiropractic treatments, lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 acupuncture treatments: lumbar spine: Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on December 15, 2014. The medical records provided indicate the diagnosis of December 15, 2014. Diagnoses are L5-S1 lumbosacral 8mm disc protrusion; lumbar central canal stenosis; lumbar myofascial spasms. Treatments have included exercises and manual treatment. The medical records provided for review do not indicate a medical necessity for 12 acupuncture treatments: lumbar spine. The MTUS acupuncture guidelines states, Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e). Therefore, the requested 12 visits exceeds the maximum recommended without documented evidence of improvement when it could be extended. Therefore the request is not medically necessary.

### **12 chiropractic treatments: lumbar spine: 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, Physical Medicine.

**Decision rationale:** The injured worker sustained a work related injury on December 15, 2014. The medical records provided indicate the diagnosis of December 15, 2014. Diagnoses are L5-S1 lumbosacral 8mm disc protrusion; lumbar central canal stenosis; lumbar myofascial spasms. Treatments have included exercises and manual treatment. The medical records provided for review do not indicate a medical necessity for 12 chiropractic treatments: lumbar spine. The medical records indicate the injured worker benefited from an unspecified number of manual therapy. The MTUS recommend manual therapy as an option for low back pain, but recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The MTUS states that active chiropractic care follows the physical medicine guidelines of a fading treatment of 10 visits followed by home exercise program. Therefore, given that the injured worker has had an unspecified number of manual therapy guidelines when the maximum is 18 visits, and given that the maximum active chiropractic care recommended is 10 visits, the requested treatment is not medically necessary.

