

<b>Case Number:</b>	CM15-0056276		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	07/20/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 20-year-old female, with a reported date of injury of 07/20/2013. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, and low back pain. Treatments to date have included an MRI of the lumbar spine, an x-ray of the thoracic spine, an x-ray of the lumbar spine, and oral medications. The progress report dated 01/28/2015 indicates that the injured worker complained of thoraco-lumbar spine pain. She rated the pain 7 out of 10. The objective findings include no changes in progress, soreness and aching pain, and decreased range of motion. The treating physician requested chiropractic treatment two times a week for six weeks and acupuncture two times a week for six weeks to correct imbalances and manual adjustments throughout the spine to correct subluxations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Chiropractic Care twice a week for six weeks:** 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 Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** According to the 01/28/2015 report, this patient presents for an examination of the thoraco-lumbar spine. The pain is characteristically rated as a 7/10. The current request is to "continue" Outpatient Chiropractic Care twice a week for six weeks. The request for authorization is not included in the file for review. The patient's work status is "remain off work until 03/25/2015." The Utilization Review denial letter states "The patient's medical history of treatment includes physical therapy. Chiropractic care 36 visits and medication." However, the time frame for the 36 sessions is unknown. Regarding chiropractic manipulation, 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. The MTUS guidelines further state, "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." Based on the reports provided for review, the treating physician provided no documentation of functional improvement with previous chiropractic treatments. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In this care, UR allured that the patient had completed 36 sessions; the requested additional 12 sessions exceed what is allowed by the MTUS guidelines. Therefore, the request is not medically necessary.

**Outpatient acupuncture, twice a week for six weeks:** 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:** According to the 01/28/2015 report, this patient presents for an examination of the thoraco-lumbar spine. The pain is characteristically rated as a 7/10. The current request is to "continue" Outpatient acupuncture, twice a week for six weeks. The request for authorization is not included in the file for review. The patient's work status is "remain off work until 03/25/2015." For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. Review of the provided reports show no acupuncture therapy reports and no discussion regarding the patient's progress. In this case, the requested 12 additional sessions without functional improvement provided, is not in accordance with the MTUS Guidelines. In addition, the requested 12 sessions exceed what is allowed by MTUS. The request is not medically necessary.

