

<b>Case Number:</b>	CM15-0078989		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 60-year-old male patient who sustained an industrial injury on 9/1/14. The diagnoses include lumbar disc protrusion, lumbar radiculopathy, and depression. He sustained the injury while picking peaches, he fell from the 3rd rung of the ladder. Per the progress report dated 4/1/15, he had complains of constant moderate to sharp low back pain and depression. The lumbar spine examination revealed flexion at 30/60 degrees, extension at 10/25 degrees, left lateral bending at 10/25 degrees and right lateral bending at 10/25 degrees, tenderness to palpation and spasm of the lumbar paravertebral muscles and positive straight leg raise bilaterally. Work status is to remain off of work until 5/16/15. The medications list includes topical compound analgesic creams. He has had lumbar spine and cervical spine MRIs on 12/14/2014. He has had physical therapy visits and 6 acupuncture visits for this injury. The requested treatment is acupuncture treatment to the lumbar spine 2 times a weeks for 6 weeks, chiropractic treatment to the lumbar spine 2 times a week for 6 weeks and physical therapy to the lumbar spine 2 times a weeks for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment to the lumbar spine 2x6: Upheld**

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

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

**Decision rationale:** Q-Acupuncture treatment to the lumbar spine 2x6. MTUS guidelines Acupuncture Medical Treatment Guidelines-9792.24.1. Acupuncture Medical Treatment Guidelines CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented." Patient has already had at least 6 acupuncture visits for this injury. Therefore the requested visits in addition to the previously rendered sessions are more than the recommended by the cited criteria. There is no evidence of significant ongoing progressive objective functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. The medical necessity of Acupuncture treatment to the lumbar spine 2x6 is not fully established for this patient. The request is not medically necessary.

**Chiropractic treatment to the lumbar spine 2x6:** 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): 58-60.

**Decision rationale:** Q--Chiropractic treatment to the lumbar spine 2x6. Per the cited guidelines regarding chiropractic treatment, Elective/maintenance care is not medically necessary."One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Patient has had physical therapy visits and acupuncture visits for this injury. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic treatment to the lumbar spine 2x6 is not fully established for this patient. The request is not medically necessary.

**Physical therapy to the lumbar spine 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

**Decision rationale:** Q--Physical therapy to the lumbar spine 2x6. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. Therefore the requested visits in addition to the previously rendered sessions are more than the recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy to the lumbar spine 2x6 is not established for this patient at this time. The request is not medically necessary.