

<b>Case Number:</b>	CM15-0082673		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	08/31/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 was a 59 year old female, who sustained an industrial injury, August 31, 2014. The injured worker previously received the following treatments Soma, Omeprazole, Nabumetone, cyclobenzaprine, acupuncture, Tylenol, 10 physical therapy, 6 chiropractic sessions and lumbar spine MRI. The injured worker was diagnosed with lower back pain with radiculopathy and lumbar disc displacement. On March 10, 2015, the injured worker underwent NIOSH static strength testing of the upper and lower extremities. The progress note of March 27, 2015, the injured worker's chief complaint was lower back pain. The pain was described as throbbing, which increased with prolonged walking. The physical exam of March 27, 2015 noted palpable tenderness and diminished range of motion of the lumbar spine. The straight leg raise testing was positive. The injured worker was having trouble sleeping. According to the medical care management report, of February 26, 2015, the injured worker had 30 sessions of physical therapy ordered and 10 were completed and 6 sessions of chiropractic services. According to the progress no of January 5, 2015, the injured worker was not responding to physical therapy treatments. The treatment plan included acupuncture 6 sessions, additional physiotherapy 6 sessions and motor strength testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, six sessions for lumbar and/or sacral vertebrae:** Upheld

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

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Acupuncture. MTUS guidelines state the following: initial trial of 3-6 visits over 3 weeks. Clinical documents state the patient has fulfilled 12 sessions of physical therapy. Therefore, the request exceeds the recommended amount of sessions recommended. According to the clinical documentation provided and current MTUS guidelines; Acupuncture, as written above, is not medically necessary for the patient at this time.

**Chiropractic for the lumbar and/or sacral vertebrae, 6 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page(s) 58-60.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. MTUS guidelines state the following: Manual Therapy and Manipulation recommendations. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended: Low back: Recommended as an option. Clinical documents state the patient has fulfilled 12 sessions of physical therapy. Therefore, the request exceeds the recommended amount of sessions recommended for manual therapy. According to the clinical documentation provided and current MTUS guidelines; Chiropractic manipulative treatment, QTY: 6.00: is not medically necessary for the patient at this time.

**Motor Strength Test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints. Neurological Screening. Physical Examination. 292-294.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Motor Strength Testing. This should be part of the clinical examination, and is not supported as a separate formal evaluation. According to the clinical documentation provided and current MTUS guidelines; Motor Strength Testing is not medically necessary for the patient at this time.