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| <b>Case Number:</b>   | CM14-0142845 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 10/25/2011 |
| <b>Decision Date:</b> | 10/14/2014   | <b>UR Denial Date:</b>       | 08/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/03/2014 |

### 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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old male who reported an injury on 10/25/2011. The injured worker worked as a waiter/bartender and it was reported he tripped and fell forward landing on his right knee and felt a sharp pain in his low back. The injured worker's treatment history included medications, 14 sessions of physical therapy, x-rays, and MRI studies. The injured worker was evaluated on 08/05/2014 and it was documented that the injured worker complained of low back pain that was constant rated at 7/10 to 8/10. Bilateral leg tingling and numbness with cramps, neck pain that was constant rated at 5/10. Bilateral arm tingling and numbness at night and off and on during the day, right shoulder pain that was intermittent and rated at 4/10. Right knee pain that was constant rated at 5/10. Physical examination of the dorsal spine demonstrated the following ranges of motion: flexion was 60/90 degrees, extension was 20/30 degrees, left/right lateral flexion was 25/30 degrees, and left/right rotation was 25/30 degrees. All ranges of motion produced pain. Kemp's test was positive bilaterally for lower back pain. Milgram's test was positive for the lower back pain. Straight leg raise test was positive bilaterally at 55 degrees for lower back pain. Tenderness was present when palpating over the spinous processes from T1 to L5 and associated paraspinal musculature bilaterally. The examination of the cervical spine demonstrated the following ranges of motion: flexion was 55/55 degrees, extension was 45/45 degrees, left lateral flexion was 35/40 degrees, right lateral flexion was 30/40 degrees, and left/right rotation was 70/80 degrees. The injured worker complained of neck pain on all ranges of cervical motion. Cervical compression test produced neck pain when the head was compressed in the neutral, flexion, extension, and left and right lateral flexion positions. Tenderness was present when palpating over the spinous processes from C1 to C7 and the associated paracervical musculature bilaterally. Deep tendon reflexes measured 2+ and were equal bilaterally for both upper and lower extremities. Diagnoses

included lumbar disc syndrome, postop; radicular neuralgia, bilateral legs; cervical sprain/strain; cervicobrachial syndrome, bilateral; internal derangement, right knee, postop; and bicipital tendinitis. The Request for Authorization dated 08/20/2014 was for additional chiropractic treatment for 6 sessions for the neck and low back and additional acupuncture treatment for 6 sessions for the neck and low back.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional Chiropractic treatment for 6 sessions for the neck and low back:** 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 Physical Medicine, Chiropractic Page(s): 58.

**Decision rationale:** The request for additional chiropractic treatment for 6 sessions for the neck and low back is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The Guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total up to 18 visits over 6 to 8 weeks. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. As such, the request for additional chiropractic treatment for 6 sessions for the neck and low back is not medically necessary.

**Additional Acupuncture treatment for 6 sessions for the neck and low back:** Upheld

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

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

**Decision rationale:** The request for additional acupuncture treatment for 6 sessions for the neck and low back is not medically necessary. The Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and/or reduce muscle spasm. The Guidelines state the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with a duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement

is documented. According to the records submitted, it was indicated the injured worker had received acupuncture sessions and prior physical therapy sessions; however, the injured worker had no functional improvement. As such, the request for additional acupuncture treatment for 6 sessions for the neck and low back is not medically necessary.