

<b>Case Number:</b>	CM14-0147759		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine and Rehabilitation 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:

Medical records reflect that the claimant is a 49-year-old female who sustained a work injury on 2-20-12. The office visit record from 7-25-14 notes the claimant complained of low back pain with tightness and spasms, which have not improved. The claimant is working at modified duties. On exam, the claimant has tenderness and decreased range of motion. The office visit record dated 8-27-14 notes the claimant has decreased range of motion, spasms and tenderness. The claimant has been treated with chiropractic treatment and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatments #8:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines stress the importance of a time-limited treatment plan with clearly-defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, the Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines indicate a time to produce functional improvement of 3 - 6 treatments. There is an absence of documentation to support acupuncture that exceeds current treatment guidelines. Additionally, there is an absence of documentation noting this claimant's functional improvement with prior acupuncture. Therefore, the medical necessity of this request is not established.

**Chiropractic treatments #8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

**Decision rationale:** The MTUS notes that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and a return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. For the low back, it is recommended as an option. For therapeutic care, guidelines recommend a trial of 6 visits over 2 weeks; and, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks. For elective/maintenance care, guidelines indicate it is not medically necessary. For recurrences/flare-ups, guidelines indicate the need to reevaluate treatment success; if return to work is achieved, then 1-2 visits are allowed every 4-6 months. There is an absence of documentation noting this claimant had long lasting improvement with prior chiropractic therapy provided. Additionally, elective/maintenance chiropractic therapy is not supported by current treatment guidelines. Therefore, the medical necessity of this request is not established.