

<b>Case Number:</b>	CM14-0174221		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 50 year old male who reported an injury on 10/09/2013. The mechanism of injury was cumulative trauma. He was diagnosed with unspecified back aches. Past treatments included medications, physical therapy, and a home exercise program. Diagnostic studies included EMG/NCV studies of the bilateral lower extremities in 2012, X-Rays of the lower back in 10/2013, and an MRI of the lower back in 11/2013. On 09/26/2014, the injured worker reported that his pain level had remained unchanged since the prior visit. He rated the pain 6.5/10 with medications and 8.5/10 without medications. He reported that his activity level remained the same. Upon physical examination, range of motion to the lumbar spine was restricted with flexion limited to 80 degrees by pain, extension was limited to 15 degrees by pain, right lateral bending was limited to 20 degrees by pain and left lateral bending was limited to 20 degrees by pain. The injured worker had 4/5 motor strength to the extensor hallucis longus muscle on both sides and 5-/5 motor strength to the ankle dorsiflexors on both sides. Current medications included Ibuprofen 600mg and Gabapentin 300mg. The treatment plan included consultations, medication refills, therapies, and diagnostic studies. A request was received for a specialist referral to complimentary medicine physician for treatment including acupuncture and osteopathic manipulation quantity: 1. The provider felt the injured worker would benefit from a trial of these modalities to see if this would improve his function. The Request for Authorization not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Specialist Referral To Complimentary Medicine Physician For Treatment Including Acupuncture and Osteopathic Manipulation Quantity: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7 Page 127. Decision based on Non-MTUS Citation 2nd Edition 2004

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

**Decision rationale:** The request for specialist referral to complimentary medicine physician for treatment including acupuncture and osteopathic manipulation quantity: 1 is not medically necessary. The California Acupuncture Medical Treatment Guidelines states that acupuncture is used as an option when the pain medication is reduced or not tolerated. The guidelines states that acupuncture can also be used in conjunction with physical therapy and/or surgical intervention to hasten their physical recovery. The California MTUS Guidelines states that manual therapy is recommended for chronic pain that is caused by musculoskeletal conditions. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that will facilitate the progression in the injured worker's therapeutic exercise program and return them to productive activities. In regards to the low back, the guidelines recommend a trial of 6 visits over 2 weeks. With evidence of objective functional improvement up to 18 visits may be recommended. The injured worker's pain level and activity level remained the same. The documentation fails to show evidence that the injured worker is participating in a physical rehabilitation program. The request fails to specify what body part the acupuncture and manipulation would be administered to. There is a lack of documentation indicating the injured worker's pain medication was reduced or not tolerated. Therefore, the request for specialist referral to complimentary medicine physician for treatment including acupuncture and osteopathic manipulation quantity: 1 is not supported by the evidence based guidelines. As such, the request for Specialist Referral To Complimentary Medicine Physician For Treatment Including Acupuncture and Osteopathic Manipulation is not medically necessary.