

<b>Case Number:</b>	CM14-0181538		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/08/1991
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Internal Medicine and is licensed to practice in Washington DC and Virginia. 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:

This is a 68 year old patient who sustained injury on Jul 10 1991. She developed pain which she described as burning, cramping, pressure like and tingling. She had issues with pain in both ankles and the right side of her hip. She was diagnosed with Achilles bursitis or tendinitis, myofascial pain syndrome, and lumbar/thoracic radiculopathy. She was prescribed ibuprofen and Vicodin. The patient was referred for acupuncture and chiropractic sessions and these were noted to decrease her pain. She was then prescribed continuation of self-directed physical therapy at the gym, chiropractic care, deep tissue massage, trigger point injections, medications, lumbar epidural steroid injection and continuation of acupuncture for chronic cough.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for date of service 9/5/14, Chiropractic Sessions (lumbar):** 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 Page(s): 58-60.

**Decision rationale:** Per MTUS, Manual therapy & manipulation 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 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. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The patient was treated with chiropractic care and achieved an improvement in her symptoms. Per MTUS, maintenance of Chiropractic Sessions is not medically necessary.

**Retrospective for date of service 8/22/14, Acupuncture Sessions (lumbar): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

**Decision rationale:** Per MTUS, Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) Guidelines state below:(b) In the course of treatment for low back complaints where acupuncture or acupuncture with electrical stimulation is being considered, the acupuncture medical treatment guidelines in section 9792.24.1 shall apply and supersede the text in the ACOEM chapter referenced in subdivision (a) above relating to acupuncture. (c) If recovery has not taken place with respect to pain, the Chronic Pain Medical Treatment Guidelines in section 9792.24.2 shall apply. (d) If surgery is performed in the course of treatment for low back complaints, the postsurgical treatment guidelines in section 9792.24.3 for postsurgical physical medicine shall apply together with any other applicable treatment guidelines found in the MTUS. In the absence of any cure for the patient who continues to have pain that persists beyond the anticipated time of healing, the Chronic Pain Medical Treatment Guidelines in section 9792.24.2 shall apply. The patient was treated with chiropractic care and achieved an improvement in her symptoms. Per MTUS, maintenance of Acupuncture Sessions is not medically necessary.