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| <b>Case Number:</b>   | CM14-0093510 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 10/11/2012 |
| <b>Decision Date:</b> | 09/19/2014   | <b>UR Denial Date:</b>       | 05/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/19/2014 |

### 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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 52-year-old female with a 10/11/12 date of injury. At the time (4/18/14) of request for authorization for Acupuncture 2x week for 4 weeks lower back qty 8 and Chiropractic Therapy 2x week for 4 weeks, lower back qty 8, there is documentation of subjective (low back pain) and objective (decreased and painful lumbar range of motion) findings, current diagnoses (lumbar spine pain and right leg sciatica), and treatment to date (acupuncture and chiropractic therapy to the left knee, medications, and activity modification). It cannot be determined if this is a request for initial or additional acupuncture and chiropractic therapy to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x week for 4 weeks lower back qty 8:** Upheld

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

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

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines identifies 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine pain and right leg sciatica. In addition, there is documentation of previous acupuncture therapy to the left knee. However, given documentation of a 10/11/12 date of injury, where there would have been an opportunity to have had previous acupuncture therapy to the lumbar spine, it is not clear if this is a request for initial or additional (where acupuncture therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture therapy. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 2x week for 4 weeks lower back qty 8 is not medically necessary.

**Chiropractic Therapy 2x week for 4 weeks, lower back qty 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that 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. MTUS additionally supports a total of up to 18 visits over 6-8 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar spine pain and right leg sciatica. In addition, there is documentation of previous chiropractic therapy to the left knee. However, given documentation of a 10/11/12 date of injury, where there would have been an opportunity to have had previous chiropractic therapy to the lumbar spine, it is not clear if this is a request for initial or additional (where chiropractic therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) chiropractic therapy. Therefore, based on guidelines and a review of the evidence,

the request for Chiropractic Therapy 2x week for 4 weeks, lower back qty 8 is not medically necessary.