

<b>Case Number:</b>	CM14-0216926		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 42 year old female with date of injury 09/27/13. The treating physician report dated 11/10/14 indicates that the patient presents with pain affecting her lower back, ribs/mid back, and neck. The physical examination findings reveal tenderness to palpation with spasms and decreased range of motion is noted over the whole spine. The patient rates her pain has 5-6/10 in her lumbar spine, 6-7/10 in her mid back, and 5-6/10 in her neck. Prior treatment history includes an AME evaluation and Occupational Medication. Current medications are Naproxen, Cyclobenzaprine, and Omeprazole. The patient was off of work until 12/14/14, a current work status is unavailable. The current diagnoses are: 1. Headaches2. Cervical Sprain/Strain3. Thoracic Sprain/Strain 4. Ribcage Sprain/Strain5. Lumbar Disc with Myelopathy6. Lumbar Radiculopathy 7. Lumbar Sprain/StrainThe utilization review report dated 12/04/14 denied the request for six sessions of chiropractic treatment, six sessions of acupuncture, and eight sessions of physical therapy based on guidelines not being met and objectives not being clearly documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of chiropractic treatment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with pain affecting her lower back, ribs/mid back, and neck. The current request is for six sessions of chiropractic treatment. The treating physician states, "Visits: 2 times a week for 3 weeks for functional improvement." (27) The MTUS guidelines state, "recommended as an option: Therapeutic care, trial of 6 visits with evidence of objective functional improvement." In this case, there are no medical records provided to indicate that the patient has had any prior chiropractic treatment for this injury and this is an initial request for care. The current request is medically necessary and the recommendation is for authorization.

**Six sessions of acupuncture:** Overturned

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

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

**Decision rationale:** The patient presents with pain affecting her lower back, ribs/mid back, and neck. The current request is for six sessions of acupuncture. The treating physician states, "visits: 2 times a week for 3 weeks for functional improvement."(28) The Acupuncture Medical Treatment guidelines supports acupuncture treatment for neck/upper back and lower back complaints and states that the time to produce functional improvement should be about 3-6 visits. In this case, there are no medical records provided to indicate that the patient has had any prior acupuncture treatment for this injury and this is an initial request for care. The primary treating physician has been treating the recommended body parts for acupuncture. The current request is medically necessary and the recommendation is for authorization.

**Eight sessions of physical therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting her lower back, ribs/mid back, and neck. The current request is for six sessions of acupuncture. The treating physician states, "visits: 2 times a week for 3 weeks for functional improvement."(28) The Acupuncture Medical Treatment guidelines supports acupuncture treatment for neck/upper back and lower back complaints and states that the time to produce functional improvement should be about 3-6 visits.

In this case, there are no medical records provided to indicate that the patient has had any prior acupuncture treatment for this injury and this is an initial request for care. The primary treating physician has been treating the recommended body parts for acupuncture. The current request is medically necessary and the recommendation is for authorization.