

<b>Case Number:</b>	CM15-0016299		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Texas, California  
Certification(s)/Specialty: Family Practice

### 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 27 year old male patient who sustained an industrial injury on 05/05/2014. The diagnoses include lumbar facet syndrome, sacral iliac joint dysfunction, left lumbar segmental dysfunction. Per the doctor's note dated 12/3/2014, he has complains of pain in the lower back with numbness sensation. The physical examination revealed tenderness at L4-5 and L5-S1 interspace. The medications list includes tramadol, naproxen, cyclobenzaprine and topical compound medications. He has had lumbar spine MRI on 6/27/2014, which revealed degenerative disc and facet disease at L5-S1. Other therapy for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment one time a week for the next six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** Chiropractic treatment one time a week for the next six weeks. Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care - Not medically necessary." "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Response to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic treatment one time a week for the next six weeks is not fully established for this patient.

**Physiotherapy with acupuncture one time per week for the next six weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Request: Physiotherapy with acupuncture one time per week for the next six weeks. Acupuncture Medical Treatment Guidelines 9792.24.1. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. CA MTUS Acupuncture medical treatment guidelines cited below state that "'Acupuncture' is 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." The medical records provided do not specify any intolerance to pain medications that patient is taking currently. Plan for surgical intervention is not specified in the records provided. Response to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physiotherapy with acupuncture one time per week for the next six weeks is not established for this patient at this time.

**Periodic pain management consultation one time a month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** Request: Periodic pain management consultation one time a month. MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Evidence of uncertain or extremely complex diagnosis is not specified in the records provided. Evidence of presence of psychosocial factors is not specified in the records provided. Previous diagnostic study reports with significant abnormal findings are not specified in the records provided. Response to previous conservative therapy including pharmacotherapy or physical therapy is not specified in the records provided. The medical necessity of Periodic pain management consultation one time a month is not fully established for this patient at this juncture.