

<b>Case Number:</b>	CM15-0016597		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	01/03/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<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: California

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 injured worker is a 33-year-old male who reported an injury on 01/03/2009 due to an unspecified mechanism of injury. On 12/09/2014, he presented for a re-evaluation. It was noted that he was waiting for authorization for therapy and had ongoing low back pain and sciatica that had not changed. The plan was for the injured worker to have a home exercise program. The treatment plan was for physical therapy, chiropractic therapy, and acupuncture so that the injured worker could learn a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for six weeks:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines indicate that physical therapy is recommended for 9 to 10 visits over 8 weeks for the injured worker's condition. The documentation provided does not show that the injured worker has any significant functional deficits to support the request for physical therapy treatment. Also, the number of sessions being requested exceeds guideline recommendations. There were no exceptional factors noted to support exceeding the guidelines and therefore, the request would not be supported. Also, the body part that physical therapy would be performed on was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Chiropractic two times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** The California MTUS Guidelines indicate that chiropractic therapy is recommended for a trial of 6 sessions. The documentation provided does not show that the injured worker has any significant functional deficits to support the request for chiropractic therapy. Also, the number of sessions being requested exceeds the guideline recommendations. Furthermore, the body part that chiropractic therapy would be performed on was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Acupuncture two times a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.20 Functional Improvement.

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

**Decision rationale:** The California Acupuncture guidelines indicate that acupuncture is recommended when pain medication is reduced or not tolerated, and as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The documentation provided does not indicate that the injured worker is having his medications reduced or is not tolerating his medications. There is also no documentation showing that he would be using acupuncture therapy to an adjunct to physical rehabilitation or surgical recovery. Also, the request of acupuncture would exceed the guideline recommendations. Furthermore, the body part that acupuncture would be performed on was not stated within the request and there is a lack of documentation showing the presence of any significant functional deficits or significant pain to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.