

<b>Case Number:</b>	CM15-0129925		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, 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:

This 60 year old male sustained an industrial injury on 7/09/13. Diagnoses include degeneration of lumbar intervertebral disc with myelopathy, lumbar radiculopathy and lumbar spine sprain/strain. Treatments to date include x-ray and MRI testing, acupuncture and prescription pain medications. The injured worker continues to experience lumbar back pain and loss of sleep due to pain. Upon examination, lumbar spine range of motion is reduced and straight leg raise causes pain bilaterally. A request for Chiropractic therapy 2 times a week for 3 weeks for the lumbar spine and Acupuncture 2 times a week for 3 weeks for the lumbar spine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 times a week for 3 weeks for the lumbar spine:** Overturned

**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 & manipulation Page(s): 58-59.

**Decision rationale:** The patient presents with pain affecting the lower back. The current request is for Chiropractic therapy 2 times a week for 3 weeks for the lumbar spine. The report with this request was not provided for review. The treating physician requested 12 visits of chiropractic therapy for the patient on 2/10/15 but the records provided for review did not document if the patient completed these treatments or if the patient had any functional improvement (166C). The MTUS guidelines state, Recommended as an option. Therapeutic care Trial of 6 visits, with evidence of objective functional improvement. In this case, it is unclear if the patient has received any chiropractic treatment of the lumbar spine. The MTUS guidelines do support a trial of 6 visits and additional treatments if there is functional improvement. The current request for 6 chiropractic treatments is supported by MTUS and therefore the request is medically necessary.

**Acupuncture 2 times a week for 3 weeks for the lumbar spine: Upheld**

**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 the. The current request is for Acupuncture 2 times a week for 3 weeks for the lumbar spine. The report with this request was not provided for review. 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, the treating physician has documented that the patient has been receiving acupuncture treatment since 2014 and has completed at least 11 sessions of acupuncture which exceeds the recommended guideline of 6 visits without documentation of functional improvement. The current request is not medically necessary.