

<b>Case Number:</b>	CM13-0022128		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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.

### 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 35 year old female who reported an injury on 11/29/2010. The patient complained of pain to her neck, low back and right shoulder. The patient's job requirements sometimes required her to lift up to 50 pounds. The patient was diagnosed with shoulder tendinitis and myofasciitis, lumbar and cervical radiculopathy. The patient received chiropractic care, acupuncture care. The patient continues to have complaints of chronic pain to multiple areas of her body.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 continued Chiropractic visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The documentation submitted fails to meet the recommendations of California Chronic Pain Medical Treatment Guidelines Chiropractic Therapy. CA MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of Final Determination Letter for IMR Case Number CM13-0022128 3 musculoskeletal pain. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective

functional improvement a total of up to 18 visits over 6-8 weeks may be appropriate. The clinical information submitted did not reveal objective deficits to support the requested chiropractic therapy. Also, the patient is noted to have attended therapy; however, the patient's response was not provided. As such, the request submitted is non-certified.

**one pain management referral for LESI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections..

**Decision rationale:** The submitted documentation does not meet the recommendations of CA MTUS guidelines. CA MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Although the patient states she received relief from acupuncture and chiropractic care, the guidelines state conservative treatment as exercises and physical methods and there is no documentation as to the patient participating in any active modalities such as physical therapy. Also, the patient's lumbar spine did not reveal evidence of nerve root involvement to meet guideline criteria. As such, this request is non-certified.

**6 continued acupuncture visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS guidelines 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. A trial of 3-6 sessions is recommended with additional sessions supported with documentation of objective functional improvement. Although the patient reported pain relief from the treatment, the documentation does not meet the recommendations stated in the guidelines as there is a lack of objective functional improvement documented. As such, the request is non-certified.