

<b>Case Number:</b>	CM13-0027801		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is licensed in Chiropractic and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Upon review of the medical records provided the applicant was a 55 year old male involved in a work related injury that occurred on January 24, 2013 while employed for █████ in sales. He sustained an injury to the shoulder when he fell down the stairs. Thus far, treatment has consisted of orthopedic treatment, pain medications, physical therapy sessions, 12 chiropractic visits and 4 acupuncture treatment visits, arthroscopic shoulder procedure on 7/15/13, an MRI of the left shoulder and an MRI of the lumbar spine demonstrated mild disk degenerative change at L4/5 and L5/S1 without canal or root compromise, prominence of the central canal at level of the conus medullaris. An MRI of the cervical spine demonstrated C5/6 moderate to severe bilateral foraminal stenosis and C4/5 moderate left foraminal stenosis. Upper extremity EMG/NCV testing dated 5/20/13 demonstrated mild to moderate median sensory nerve entrapment at the wrist on the right (carpal tunnel syndrome). The diagnosis was given as: cervical spine sprain/strain with radicular complaints, lumbosacral sprain/strain with radicular complaints. There is a past surgical history significant for right shoulder surgeryx2 and an appendectomy. In review of medical examination report dated June 13, 2013 there were continued complaints of intermittent neck and left shoulder pain which is worse with overhead activities and strenuous movements. Intermittent low back and right knee pain which is worse with prolonged standing and walking. Cervical spinal examination revealed tenderness of the paracervical musculature, muscle spasm and limited range of motion due to complaints of discomfort and pain. Lumbar spinal examination revealed tenderness about the paralumbar musculature, muscle spasms and limited ranges of motion due to complaints of pain and discomfort. The applicant was instructed to continue to work with restrictions. Upon review of most recent office visit note dated 8/22/13, the applicant presented with subjective complaints of increased mid and low back pain. There was cervical spinal tenderness, spasm and restricted ranges of motion. An examination of the

lumbar spine demonstrated tenderness, restricted range of motion due to discomfort and spasm. He was instructed to work with restrictions. In a utilization review report dated 9/4/13 the reviewer determined the requested chiropractic treatment one time per week for four weeks to the lumbar spine was not medically necessary based upon the California MTUS Guidelines Manual Therapy & Manipulation. The reviewer indicated the guidelines have not been met. There was no documentation noting objective findings of functional improvement with chiropractic sessions. The reviewer determined the requested acupuncture treatment two times per week for six weeks to the cervical spine was not medically necessary based upon the California MTUS Guidelines-Acupuncture. The reviewer indicated there was no documentation noting objective findings of functional improvement with acupuncture sessions. As per the California MTUS Chronic Pain Medical Treatment Guidelines-Manual Therapy & Manipulation-Low Back. The guidelines indicate there must be ongoing documentation of functional improvement by either clinically significant improvement of activities of daily living, a reduction on work restrictions or a reduction of dependency on continued medical treatment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic treatment for the lumbar spine (4 sessions): 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-Low Back Page(s): 58-60.

**Decision rationale:** The applicant was a 55 year old male involved in a work related injury that occurred on January 24, 2013. He sustained an injury to the shoulder when he fell down the stairs. Thus far, the applicant has received 12 chiropractic treatment sessions with no evidence based upon the review of the records of any progressive objective functional improvement. Although, he was instructed to return to work with restrictions there was no evidence he has returned and was placed on temporary total disability until September of 2013. As per the California MTUS Chronic Pain Medical Treatment Guidelines-Manual Therapy & Manipulation-Low Back. The guidelines indicate there must be ongoing documentation of functional improvement by either clinically significant improvement of activities of daily living, a reduction on work restrictions or a reduction of dependency on continued medical treatment. The records indicated that 12 prior chiropractic treatments have been received in the past. Upon review of all medical records there has not been a significant functional or clinical improvement with the use of chiropractic treatment. The applicant has not returned to work. The request for 4 chiropractic treatment sessions is not medically necessary or appropriate.

**Acupuncture for the cervical spine (12 sessions): Upheld**

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

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

**Decision rationale:** The applicant was a 55 year old male involved in a work related injury that occurred on January 24, 2013. He sustained an injury to the shoulder when he fell down the stairs. The records indicate the applicant has received acupuncture treatment with regards to the left shoulder, which was unsuccessful but there was no indication that a trial of acupuncture treatment was received to the cervical spine. As per the MTUS Acupuncture Medical Treatment Guidelines, they state acupuncture may be used in conjunction with physical rehabilitation to hasten functional recovery. The guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week and duration of 1-2 months. The request for 12 acupuncture treatments is excess of the guidelines. Therefore, requested acupuncture x12 treatments is considered not medically necessary and appropriate.