

<b>Case Number:</b>	CM13-0058401		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 California. 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. 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:

This 36 year-old male sustained an injury on 7/30/12 while employed by Cherokee Freight-Sugar Transport. Requests under consideration include acupuncture 2 times 4 to the cervical spine and chiro 2 times 4 to the cervical spine. Report of 5/2/13 from provider noted the patient has been receiving chiropractic adjustments and physical therapy for complaints of neck, left shoulder, left arm pain and headaches. Pain rated at 6-7/10 level. Exam showed tenderness of cervical spine, decreased range of left shoulder with pain; positive cozen's test, and decreased grip strength. Diagnoses include cervicgia and left shoulder sprain/ strain. Plan was for MRI, acupuncture, and ENT referral with TTD work status. Review of reports documented the patient has attended multiple sessions of acupuncture in May through July 2013. Hand-written report of 10/17/13 from provider noted increased left shoulder pain and headaches. Exam again showed tenderness and decreased range of left shoulder. Plan included Electromyography (EMG)/Nerve Conduction Study (NCS), acupuncture, chiropractic care; medications were refilled and the patient remained temporarily totally disabled. Requests above were non-certified on 11/5/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times 4 to the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, Acupuncture Page(s): 8-9.

**Decision rationale:** Diagnoses include cervicalgia and left shoulder sprain/ strain. Plan was for acupuncture and continued care with chiropractor and TTD work status. Review of reports documented the patient has attended multiple sessions of acupuncture in May through July 2013. Hand-written report of 10/17/13 from provider noted increased pain complaints with unchanged clinical findings of tenderness and decreased range without clear neurological deficits. Plan was to continued acupuncture, chiropractic care, medications were refilled and the patient remained temporarily totally disabled. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear exactly how many acupuncture sessions the patient has received for this 2012 injury nor what functional benefit if any were derived from treatment; however, it is documented the patient exhibits increased pain and remained TTD. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The acupuncture 2 times 4 to the cervical spine is not medically necessary and appropriate.

**Chiro two (2) times four (4) to the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

**Decision rationale:** Diagnoses include cervicalgia and left shoulder sprain/ strain. Plan was for acupuncture and continued care with chiropractor and TTD work status. Review of reports documented the patient has attended multiple sessions of acupuncture in May through July 2013. Hand-written report of 10/17/13 from provider noted increased pain complaints with unchanged clinical findings of tenderness and decreased range without clear neurological deficits. Plan was to continued acupuncture, chiropractic care, medications were refilled and the patient remained temporarily totally disabled. The patient has received significant conservative treatments of physical therapy and chiropractic care; however, has no report of improvement with unchanged chronic pain complaints. Clinical exam remains unchanged and without deficits. Submitted reports have not demonstrated any flare-up or new red-flag findings to support further treatment. Guidelines states several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented and

treatment beyond 4-6 visits should be documented with objective improvement in function. However, this has not been shown in this case. The chiro 2 times 4 to the cervical spine is not medically necessary and appropriate.