

<b>Case Number:</b>	CM13-0058745		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 49-year-old male with a date of injury of 11/02/2011. The listed diagnoses per [REDACTED] dated 01/24/2013 are: 1) Cervical disk disease, 2) RC tendonitis/AC arthrosis. The earliest report provided for review is dated 01/24/2013. There are no other progress reports provided in the medical file. According to this report by [REDACTED] patient continues to have pain in the neck and shoulder. Examination of the shoulder showed RC tendinosis with positive impingement. Examination of neck showed mild degenerative disk disease and early signs of stenosis. Treatment plan is for chiropractic sessions x12 and physical therapy sessions x12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Eight chiropractic treatments to the right shoulder, two times per week for four weeks:** Upheld

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

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

**Decision rationale:** The patient presents with continued right shoulder and cervical spine pain. The treating physician is requesting 8 chiropractic sessions. The MTUS Guidelines has the

following regarding initial chiropractic treatments. MTUS Guidelines recommends as an option, a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 weeks. In this case, there is only 1 report provided for review dated 01/24/2013. There is no indication that the patient has received prior chiropractic treatments. However, the requested 8 exceeds the recommended trial of 6 by MTUS Guidelines. Recommendation is for denial.

**request for eight chiropractic treatment to the cervical spine, two times per week for four weeks: Upheld**

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

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

**Decision rationale:** The patient presents with continued right shoulder and cervical spine pain. The treating physician is requesting 8 chiropractic sessions. The MTUS Guidelines has the following regarding initial chiropractic treatments. MTUS Guidelines recommends as an option, a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 weeks. In this case, there is only 1 report provided for review dated 01/24/2013. There is no indication that the patient has received prior chiropractic treatments. However, the requested 8 exceeds the recommended trial of 6 by MTUS Guidelines. Recommendation is for denial.

**request for eight acupuncture visits to the right shoulder, two times per week for four weeks: 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 continued right shoulder and cervical spine pain. There is only 1 report provided for review dated 01/24/2013. This report states treatment plan is for chiropractic treatments and physical therapy and there is no discussion regarding acupuncture request. Utilization Review dated 11/11/2013 addresses chiropractic and acupuncture requests. For Acupuncture, MTUS Guidelines for acupuncture page 8 recommends acupuncture for pain and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, medical records provided for review do not indicate that the patient has had any acupuncture treatments. However, the requested 12 sessions exceeds MTUS Guidelines recommendation for a trial of 3 to 6 treatments to produce functional improvement. Recommendation is for denial

**request for eight acupuncture visits to the cervical spine, two times per week for four weeks: 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 continued right shoulder and cervical spine pain. There is only 1 report provided for review dated 01/24/2013. This report states treatment plan is for chiropractic treatments and physical therapy and there is no discussion regarding acupuncture request. Utilization Review dated 11/11/2013 addresses chiropractic and acupuncture requests. For Acupuncture, MTUS Guidelines for acupuncture page 8, recommends acupuncture for pain and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, medical records provided for review does not indicate that the patient has had any acupuncture treatments. However, the requested 12 sessions exceeds MTUS Guidelines recommendation for a trial of 3 to 6 treatments to produce functional improvement. Recommendation is for denial.