

<b>Case Number:</b>	CM14-0001122		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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:

This is a 48 year old male patient with a 9/11/08 date of injury. The patient was seen 10/3/13 with continued neck pain and left shoulder pain and numbness in the left hand. The patient was diagnosed with cervical radiculopathy left side chronic. Examination revealed cervical spine full range of motion, positive Spurlings. Left shoulder demonstrated full range of motion, slight pain over glenohumeral joint. He has received multiple cervical epidural steroid injections. Therapy to date has included activity modification, medication, physical therapy, chiropractic therapy, acupuncture. There is documentation of a 12/23/13 adverse determination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE FOR CERVICAL SPINE AND LEFT SHOULDER (6 SESSIONS):**

Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114, as well as the Acupuncture Medical Treatment Guidelines

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. The patient has already had 24 sessions of acupuncture. Additional sessions would exceed guidelines. There is no objective evidence of pain relief or functional improvement with the previous treatment. The request is not medically necessary.

**CHIROPRACTIC TREATMENT FOR CERVICAL SPINE AND LEFT SHOULDER:**  
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 Page(s): 58-59.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines state that manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. The patient is noted to have had 24 sessions of chiropractic therapy. Additional therapy would exceed guideline recommendations. There is no clear evidence of objective measures of pain relief or functional benefit. The request is not medically necessary.

**YOGA MEMBERSHIP:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym Membership

**Decision rationale:** ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. The request is not medically necessary.