

<b>Case Number:</b>	CM14-0018295		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	04/08/2010
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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:

The patient is an employee of [REDACTED] and has filed a claim for cervical and lumbar radiculopathy associated with an industrial injury date of April 8, 2010. Treatment to date has included medications, chiropractic therapy, physical therapy, and acupuncture. Medical records from 2013-2014 were reviewed, showing the patient complaining of constant dull, aching neck pain with cold and headache sensation. The pain is rated at 10/10 for the neck. Activities and movement aggravate the pain. The patient also complains of shoulder pain which is rated at 9/10 on the left and 10/10 for the right. On examination, there was no tenderness over the bilateral cervical spine extensors. The bilateral supraspinatus and infraspinatus were also tender. There was tenderness over the PSIS as well as lumbar spine interspaces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 CHIROPRACTIC TREATMENTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

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

**Decision rationale:** As stated on pages 58-60 of the California MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain caused by musculoskeletal conditions. Manipulation for the low back is recommended primarily as a trial of six visits and with evidence of objective functional improvement, a total of up to 18 visits may be recommended. In this case, the patient has had previous chiropractic treatment in the past. However, the total number of sessions completed was not readily indicated in the documentation. Functional gains such as improved ability to perform activities of daily living were not specified and attributed to chiropractic treatment. In addition, the request is not specified the body part being treated. Therefore, the request for chiropractic treatment is not medically necessary.

**24 SESSIONS OF PHYSIOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient has had previous physical therapy sessions in the past. However, the total number of sessions completed was not readily indicated in the documentation. Functional gains such as improved ability to perform activities of daily living were not specified and attributed to physical therapy. In addition, the request is not specified the body part being treated. Therefore, the request for physical therapy is not medically necessary.

**24 SESSIONS OF ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** As stated in the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture as an option when pain medication is reduced or not tolerated and used as an adjunct to physical therapy and/or surgery to hasten recovery. In this case, the patient has had previous acupuncture sessions in the past. However, the total number of sessions completed was not readily indicated in the documentation. Functional gains such as improved ability to perform activities of daily living were not specified and attributed to acupuncture. There was no discussion concerning the need for reduced medication intake or tolerance. In addition, the request is not specified the body part being treated. Therefore, the request for acupuncture is not medically necessary.