

<b>Case Number:</b>	CM14-0120708		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Family Medicine 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 a 42-year-old female who has submitted a claim for cervical spine sprain/strain, bilateral shoulder sprain/strain, lumbar spine sprain/strain, and right wrist sprain/strain, associated with an industrial injury date of July 9, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of pain on the neck, low back, bilateral shoulder, right forearm, right wrist, right fifth finger, and right hip. Bilateral leg numbness and tingling were also noted, greater on the left. Physical examination showed limitation of motion of the cervical and lumbar spine and left upper extremity; tenderness over the bilateral paracervical and trapezius muscle, C6-7 spinous processes, right brachioradialis and flexor muscles, ventral surface of the right wrist, bilateral paralumbar muscles, and L4-S1 spinous processes; positive cervical compression and shoulder depression tests bilaterally; positive Milgram's test; muscle strength of +3/5 on the right upper extremity and +4/5 on the right lower extremity; decreased grip strength on the right; and hypoesthesia of the right upper extremity. The diagnoses were cervical spine sprain/strain, bilateral shoulder sprain/strain, lumbar spine sprain/strain, and right wrist sprain/strain. Treatment to date has included oral analgesics, wrist brace, physical therapy, occupational therapy, and home exercises. Utilization review from July 21, 2014 denied the request for chiropractic QTY 8.00. There was no documentation of symptomatic or functional improvement from previous chiropractic sessions. There was also no treatment plan that states goals of therapy and facilitation of an active exercise program. The request for acupuncture QTY 8.00 was denied because of insufficient high quality evidence to support use on forearm, wrist and hand complaints. The guideline also does not recommend acupuncture for the neck. Acupuncture for low back pain is supported; however there was no documentation of current participation in an active self-directed exercise program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic QTY: 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for body parts other than low back. In this case, patient reported pain on the neck, low back, bilateral shoulder, right forearm, right wrist, right fifth finger, and right hip. The request did not specify the body part treatment was directed to. The guideline does not recommend chiropractic care for body parts other than low back. Furthermore, the requested number of treatment exceeds guideline recommendation of 6 trial visits. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Chiropractic QTY: 8 is not medically necessary.

**Acupuncture QTY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guideline allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, there was no evidence that medications were reduced, not tolerated, or has failed to relieve pain. Likewise there was no evidence that acupuncture will be used in conjunction with physical rehabilitation. Furthermore, the requested number of treatment sessions exceeds guideline recommendation of 3-6 trial visits. The medical necessity has not been established.

There was no compelling rationale concerning the need for variance from the guideline. In addition, the body part to which treatment was directed to be not specified. Therefore, the request for Acupuncture QTY: 8 are not medically necessary.