

<b>Case Number:</b>	CM14-0028640		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 44-year-old female who reported injury on 01/07/2012. The mechanism of injury was cumulative trauma. Previous therapies included physical therapy and epidural steroid injections. Additionally, the documentation indicated the injured worker had previously undergone acupuncture treatment. The documentation of 01/06/2014 revealed the injured worker was complaining of constant pain in the neck and upper back. The pain in the upper back radiated into the right extremity. The physical examination of the cervical spine revealed tenderness to palpation to the right upper trapezius and right rhomboid. X-rays of the cervical spine revealed slight anterolisthesis of C5 on C6. There was multilevel spondylosis surrounding the C4, C5, and C6, and to a lesser degree, C7 vertebral bodies. The diagnosis included cervical spine musculoligamentous tenderness. The treatment plan included 6 visits of low-level laser treatment for the posterior right shoulder and cervical spine and Norco 5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 CHIROPRACTIC MANIPULATIVE THERAPY SESSIONS FOR THE CERVICAL SPINE BETWEEN 2/19/2014 AND 4/5/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Manipulation.

**Decision rationale:** The California MTUS Guidelines recommend manual therapy for chronic pain if it's caused by musculoskeletal conditions. Care beyond 8 weeks may be indicated for certain chronic pain patients for whom manipulation is helpful in improving function and decreasing pain and improving quality of life. There should be some outward sign of subjective or objective improvement within the first visit. The clinical documentation submitted for review failed to provide the specific PR-2 and DWC Form RFA dated 02/19/2014. The request for 8 sessions would be excessive. Given the above, the request for 8 chiropractic manipulative therapy sessions for the cervical spine is not medically necessary.

**8 ACUPUNCTURE THERAPY SESSIONS FOR THE CERVICAL SPINE BETWEEN 2/19/2104 AND 4/5/2014: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend acupuncture when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or reduction of work restrictions. The clinical documentation submitted for review indicated the injured worker had previously participated in acupuncture. However, there was a lack of documentation indicating the injured worker would be using the acupuncture as an adjunct to physical rehabilitation. The quantity of prior treatments was not provided. There was a lack of documentation indicating the injured worker had objective functional improvement. There was no DWC Form RFA or PR-2 submitted for the requested procedure. Given the above, the request for 8 acupuncture therapy sessions for the cervical spine is not medically necessary.