

<b>Case Number:</b>	CM14-0050901		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 and Rehabilitation 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 injured worker is a 53-year-old female who reported an injury on 11/27/2013 due to a fall. On 02/19/2014, the injured worker presented with persistent neck, mid back and low back pain which radiated to the right upper extremity and right lower extremity respectively. Upon examination, there was limited painful cervical spine range of motion with palpable tenderness to the cervicothoracic paraspinal musculature, levator scapulae, scalenes, and a positive Spurling's and foraminal compression test. There was limited and painful lumbar spine range of motion and a positive Milgram's test. The diagnoses were late effects of accidental fall, cervicobrachial syndrome, and lumbar spine sprain/strain. Prior therapies were not noted. The provider recommended acupuncture sessions to reduce pain level and increase range of motion and function and chiropractic treatment. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment times 4 for cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, it must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The guidelines recommend acupuncture treatments of 3 to 6 treatments 1 to 3 times a week for up to 1 to 2 months. There is lack of documentation indicating the injured worker is intolerant to or is recommended for reduce pain medications. Additionally, there is no mention of physical medicine as an adjunct to acupuncture therapy as recommended by the guidelines. As such, the request is not medically necessary.

**Chiropractic treatment times 6 for cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal condition is recommended. 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 injured worker's therapeutic exercise program and return to productive activities, the guidelines recommends a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There was lack of documentation indicating the injured worker's prior courses of chiropractic care as well as the efficacy of the prior therapy. Additionally, the provider's request does not indicate the frequency of the chiropractic treatment visits in the request as submitted. As such, the request is not medically necessary.