

<b>Case Number:</b>	CM14-0081148		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for a chronic neck and low back pain reportedly associated with an industrial injury of April 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; unspecified amounts of acupuncture; and earlier cervical fusion surgery. In a utilization review report dated May 2, 2014, the claims administrator denied a request for four sessions of chiropractic manipulative treatment with deep tissue massage and also denied a request for eight sessions of acupuncture. The claims administrator based its denial on what it deemed the attending provider's poor documentation. The claims administrator did not, however, incorporate cited guidelines into either denial rationale. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated March 10, 2014, it was acknowledged that the applicant had persistent complaints of neck, bilateral shoulder, bilateral elbow, bilateral hand, bilateral wrist, and low back pain. The applicant had apparently alleged pain secondary to cumulative trauma at work. The applicant was not working, it was acknowledged. Permanent work restrictions were apparently imposed. It was stated that the applicant would be unable to return to his usual and customary work as a police officer. In a January 28, 2014, progress note, the applicant was placed off work, on total temporary disability. The applicant was apparently asked to pursue physical therapy, home exercises, and acupuncture. Persistent complaints of neck and low back pain were reported. The applicant's medication list was not attached, however. The applicant was placed off work on earlier progress notes of October 9, 2013, and December 20, 2013, it is incidentally noted. On February 25, 2014, chiropractic manipulative therapy with associated deep tissue massage and eight sessions of acupuncture were sought,

while the applicant was placed off work, on total temporary disability. A TENS unit was also sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chiropractic Treatment with deep tissue massage 1 x week for 4 weeks, lower back:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

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

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off work, on total temporary disability. The attending provider has failed to outline any material improvements in function or work status achieved as a result of earlier chiropractic manipulative treatment in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

#### **Acupuncture 2 x week for 4 weeks, low back:** Upheld

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

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

**Decision rationale:** As with the request for chiropractic manipulative therapy, this request does represent a request for extension of acupuncture. While MTUS 9792.24.1.d notes that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20(f), in this case, however, there is no such evidence of functional improvement as defined in Section 9792.20(f). The applicant remains off work, on total temporary disability, despite having had earlier unspecified amounts of acupuncture over the course of the claim. The applicant remains highly reliant and highly dependent on numerous analgesic medications, including Naprosyn, Flexeril, Tramadol, etc., despite having received extensive acupuncture over the course of the claim. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite prior acupuncture. Therefore, the request for additional acupuncture is not medically necessary.