

<b>Case Number:</b>	CM14-0185736		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	06/30/2009
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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 57 year-old female with a date of injury of June 30, 2009. The patient's industrially related diagnoses include chronic recurrent musculo-ligamentous injury, degenerative disc disease of the cervical spine, chronic impingement syndrome bilateral shoulders, and degenerative disc disease of the lumbar spine, very early medial compartment osteoarthritis bilateral knees, and irritable bowel syndrome. The injured worker underwent conservative treatment in the form of acupuncture treatment in 2010, aquatic therapy in 2010, and received treatment from a chiropractor in 2011. The disputed issues are acupuncture 2x4 for cervical spine, chiropractic 2x4 for cervical spine, and aquatic therapy 3x4 to C-Spine. A utilization review determination on 8/12/2014 had non-certified these requests. The stated rationale for the denial was: "Documentation does not indicate the number of previous chiropractic therapy visits/acupuncture visits completed or if previous treatment was successful. Treatment should be appropriate for the medical diagnosis, time limited, and goal oriented. A return to care for pain is supported only when pain involves a flare-up of previously stable condition after a specific incident of aggravation; pain persists despite a 1- to 2-week trial of NSAIDs and home exercise, and when this pain significantly affects ability to perform job or activity of daily living. Without evidence of exacerbation or number of previous visits and whether they were successful, medical necessity of requested Chiro 2x4/acupuncture is not established." A second utilization review determination on 10/13/2014 partially approved the acupuncture and chiropractic treatment for 3 sessions each and denied the request for aquatic therapy 3x4 to c-spine. The stated rationale for the partial approval of acupuncture was: "Acupuncture would be indicated, however, at a modified number of #3 to allow for demonstration of functional improvement and/or decrease in pain." The stated rationale for the partial approval of chiropractic treatment was: "Chiropractic treatments would be indicated,

however, at a modified number of #3 to allow for demonstration of functional improvement and/or decrease in pain, re-education in a prescribed self-administered program and assessment of compliance." Lastly, the stated rationale for the denial of aquatic therapy was: "The guideline criteria have not been met. There is no documentation of intolerance to land-based therapy, or reasons why this patient is unable to attend a land based therapy program. Therefore, this request is not indicated as medically necessary at this time."

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

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

**Acupuncture 2x4 for cervical spine:** Upheld

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

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

**Decision rationale:** Regarding the request for Acupuncture, California MTUS does support the use of Acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the medical records available for review, there was documentation that the injured worker underwent Acupuncture treatment in the past, but there was no indication of functional improvement with previous treatment, and the number of sessions completed was not provided. Additionally, the current request for 8 visits exceeds the 6-visit trial recommended by guidelines. Since the independent medical review process cannot modify any requests, the currently requested Acupuncture 2x4 is not medically necessary.

**Chiropractic 2x4 for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** Regarding the request for Chiropractic treatment, Chronic Pain Medical Treatment Guidelines support the use of Chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. However, these guidelines specify for an initial trial of up to 6 visits. Only with evidence of objective functional improvement can further sessions be supported. Within the medical records available for review, there was documentation that previous Chiropractic therapy has been trialed by this injured worker. This is indicated in a note on date of service 12/19/2013 page 45 of 49. However, the functional benefit of this previous

Chiropractic manipulation was not documented. Functional benefit can be defined as any clinically significant improvement in daily activities, reduction of work restrictions, or return to work. At the time of the request on 6/30/2014, the treating physician indicated that the injured worker had responded well to the treatment in the past, but there was no indication of functional improvement. Additionally, the current request for 8 visits exceeds the 6-visit trial recommended by guidelines. Since the independent medical review process cannot modify any requests, the currently requested Chiropractic treatment 2x4 is not medically necessary.

**Aquatic Therapy 3x4 to C-Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for Aquatic Therapy, Chronic Pain Treatment Guidelines state that Aquatic Therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. ODG recommends a maximum of 9 visits of physical therapy over 8 weeks following a 6 visit clinical trial. Within the medical records available for review, there is no statement indicating why the injured worker would require reduced weight-bearing exercise. Additionally, the number of treatments requested (12 sessions) exceeds the initial 6-visit trial recommended by ODG. In the absence of clarity regarding these issues, the currently requested Aquatic Therapy 3x4 is not medically necessary.