

<b>Case Number:</b>	CM14-0204246		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Internal 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 53 year old female that sustained a work related injury to her cervical vertebrae on 9/17/2011. Mechanism of injury was not found in the records. Treatments include chiropractic care, acupuncture treatment, pain medications, and physical therapy. Diagnosis includes chronic left neck and left upper extremity pain, cervical degenerative disc disease, and chronic lumbar strain with occasional radicular symptoms. Per most updated progress report dated 10/21/2014, the injured worker described her pain as a 9 out of 10 scale with 10 being in the greatest pain. Per the same report physical examination revealed the injured worker was mildly tender to palpation over the spinous processes as well as over the paraspinal musculature of the cervical vertebrae as well as the spinous processes of the lumbar vertebrae. The injured worker was also noted to walk with a non-antalgic gait without the use of a cane or any other assistive devices. Treatment plan includes chiropractic/physio manipulation 3x4 to the cervical spine and acupuncture 2x6. On 11/6/2014 Utilization Review denied the chiropractic/physio manipulation 3x4 to the cervical spine noting there was not documentation to support the injured worker had any exacerbations, had already had more than the recommended amount of physical therapy and no documentation to support reasons why a home exercise program would not be sufficient and AME guidelines. On the same date, Utilization Review denied acupuncture 2x6 noting the injured worker already had six sessions of acupuncture with no change in symptoms or level of function and MTUS guidelines. The orthopedic progress report dated October 21, 2014 documented a physical examination. Upon visual inspection of the cervical spine, there are no obvious scars, deformity, atrophy or edema observed. Upon evaluation of cervical range of motion the patient maintained an active flexion of 50/50 degrees, extension of 60/60 degrees, right rotation of 70/80 degrees, left rotation 70/80 degrees, right lateral flexion 30/45 degrees and left lateral flexion 30/45 degrees. The patient was mildly tender to palpation over the spinous

processes of C5-C6 as well as over the paraspinous musculature of the cervical vertebrae. Upon visual inspection of the lumbar vertebrae, there are no obvious scars, deformity, atrophy or edema observed. Upon evaluation of lumbar range of motion this patient maintained an active flexion of 45/60 degrees, extension to 15/25 degrees, right lateral flexion 25/25 degrees and left lateral flexion 25/25 degrees. The patient was mildly tender to palpation over the spinous processes of the lumbar vertebrae. The patient had a negative sitting straight leg test bilaterally. The patient walks with a nonantalgic gait without the use of a cane or any other assistive devices. Diagnoses were chronic intermittent left-sided neck and left upper extremity pain superimposed on multilevel cervical degenerative disc disease, and chronic lumbar sprain/strain at times with radicular symptoms of the left lower extremity superimposed on L4 and L5 degenerative disc disease. The physician requested authorization for chiropractic physiotherapy plus manipulation three times a week for four weeks as well as acupuncture two times a week over a 6 week period of time for the cervical and lumbar spine.

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

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

**Chiro/physio plus manipulation 3x4 for the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 181, 298, 299, 308, Chronic Pain Treatment Guidelines Chiropractic treatment, Manual therapy & manipulation Page(s): 30, 58-60.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address chiropractic treatment and manipulation. Manipulation is a passive treatment. The maximum duration of chiropractic treatment is 8 weeks. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 6 visits should document objective functional improvement. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that physical manipulation for neck pain is an optional physical treatment method, early in care only. Cervical manipulation has not yet been studied in workers' compensation populations. There is insufficient evidence to support manipulation of patients with cervical radiculopathy. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints addresses chiropractic treatment and manipulation. For patients with symptoms lasting longer than one month, efficacy has not been proved. Many passive and palliative interventions are without meaningful long-term benefit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) states that a prolonged course of manipulation (longer than 4 weeks) is not recommended. The orthopedic progress report dated October 21, 2014 documented physical examination findings of mild cervical and lumbar tenderness and decreased range of motion. No neurologic deficit was noted. No significant objective findings were demonstrated on the physical examination. Chiropractic

physiotherapy plus manipulation three times a week for four weeks (12) was requested. Per MTUS, the time to produce effect with chiropractic and manipulation is 6 treatments. Treatment beyond 6 visits should document objective functional improvement. The request for 12 chiropractic treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. Therefore, the request for Chiro/physio plus manipulation 3x4 for the cervical spine is not medically necessary.

**Acupuncture 2x6 Lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, 300, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. <http://www.guideline.gov/content.aspx?id=47589>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means 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. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that acupuncture has not been found effective in the management of back pain, based on several high-quality studies. ACOEM Chapter 8 Neck and Upper Back Complaints (Pages 173-175) states that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. The orthopedic progress report dated October 21, 2014 documented physical examination findings of mild cervical and lumbar tenderness and decreased range of motion. No neurologic deficit was noted. No significant objective findings were demonstrated on the physical examination. Acupuncture two times a week over a six week period of time (12) for the cervical and lumbar spine were requested. MTUS Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The request for 12 acupuncture treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not recommended. Therefore, the request for Acupuncture 2x6 Lumbar is not medically necessary.

