

<b>Case Number:</b>	CM15-0007004		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 28 year old male, who sustained an industrial injury on 5/19/2014. The diagnoses have included cervical herniated nucleus pulposus (HNP) and left shoulder impingement. Treatment to date has included acupuncture and chiropractic treatment. Magnetic resonance imaging (MRI) of the cervical spine from 10/29/2014 revealed mild disc desiccation C6-7 and disc desiccation C2-3 and C3-4 discs. According to the Primary Treating Physician's Progress Report from 12/1/2014, the injured worker underwent chiropractic treatment and acupuncture with relief. Objective findings revealed spasm and tenderness of the cervical spine. Acupuncture notes do not document an improvement in pain level. The physician plan was to continue acupuncture for six visits and continue chiropractic for 12 visits. On 12/22/2014, Utilization Review (UR) non-certified a request for chiropractic treatment, 12 visits, noting that the injured worker underwent six sessions of chiropractic care with no significant improvement in pain, range of motion, strength or work restrictions. UR non-certified a request for acupuncture, noting that there was no discussion of the acupuncture that was performed or the effects. The MTUS and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic Treatment Visits:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder chapter & Neck & upper back chapter, Chiropractic Manipulation

**Decision rationale:** The patient presents with pain in his neck and left shoulder. The request is for 12 VISITS OF CHIROPRACTIC TREATMENT. MTUS guidelines page 58 states that manual therapy is "Recommended for chronic pain if caused by musculoskeletal condition." MTUS specifies how many treatments are necessary for low back condition but does not discuss it for neck or shoulder. ODG, under Neck Pain, Chiropractic Guidelines, allows 9 visits over 8 weeks for regional neck pain. ODG guidelines allows up to 18 sessions over 6-8 weeks, following initial trial of 6 visits over 2-3 weeks, with evidence of objective functional improvement for moderate cervical strain and up to 25 sessions over 6-8 weeks following initial trial of 10 visits over 4-6 weeks, with evidence of objective functional improvement for severe cervical strain. ODG, under Shoulder pain, Chiropractic Manipulation--, allows 9 visits over 8 weeks for sprains and strains of shoulder and upper arm. In this case, the utilization review letter on 12/22/14 indicates that the patient has had 6 sessions of chiropractic treatment without significant improvement. Prior treatments appears to have failed and there is no explanation as to why chiro treatments can be helpful now. The treater does not explain what prior chiro treatments have done for this patient and why additional treatments are needed at this point. There are no new injury, flare-up or exacerbation for which a short course may be indicated. The request IS NOT medically necessary.

**6 Visits Acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with pain in his neck and left shoulder. The request is for 6 VISITS OF ACUPUNCTURE. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the utilization review letter on 12/22/14 indicates that the patient had 6 sessions of acupuncture in the past which did not produce functional improvement to warrant additional acupuncture. Review of the reports do not show that the treater has provided any information showing functional improvement from prior acupuncture treatments. It would appear that the patient recently had some acupuncture treatments. Furthermore, the treater does not explain why acupuncture treatments are requested at this point. There is no new injury, no flare-up or decline in function to warrant additional treatments. The request IS NOT medically necessary.

