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| <b>Case Number:</b>   | CM15-0206077 |                              |            |
| <b>Date Assigned:</b> | 10/22/2015   | <b>Date of Injury:</b>       | 10/26/2005 |
| <b>Decision Date:</b> | 12/04/2015   | <b>UR Denial Date:</b>       | 10/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/20/2015 |

### 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: Emergency Medicine

### 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 51 year old female, who sustained an industrial injury on 10-26-2005. A review of the medical records indicates that the worker is undergoing treatment for cervical and lumbar disc herniation with bilateral upper and lower extremity radiculopathy, left greater than right, medication induced gastritis and reactionary depression and anxiety. Subjective complaints (06-11-2015, 08-24-2015 and 09-21-2015) included neck pain radiating down both upper extremities that was rated as 6 out of 10 with medication and 8 out of 10 without medication and low back pain radiating down the bilateral lower extremities. The physician noted that the neurosurgeon recommended cervical discectomy and fusion of C4-C5, C5-C6 and C6-C7 but that the injured worker was not interested in surgical intervention at that time. The worker was noted to be depressed due to ongoing debilitating pain. Ultracet was noted to provide 30-40% pain relief for 5-6 hours. Objective findings (06-11-2015 and 08-24-2015) included tenderness to palpation of the cervical musculature bilaterally with increased muscle rigidity, numerous trigger points, decreased range of motion, palpable tenderness of the lumbar paraspinal musculature, decreased range of motion and pain with range of motion. Lower extremity motor testing was decreased. Some of the submitted documentation is out of order. There are missing pages from the 09-21-2015 office visit note and objective examination findings were not included. Treatment has included Ultracet, Anaprox, Cymbalta, Trileptal, Ativan, Trazadone, 4 acupuncture sessions and cervical and lumbar epidural steroid injections. The physician noted that acupuncture was being requested as recommended by internal medicine agreed medical examination to reduce pain, reduce inflammation, increase blood flow, increased

range of motion, promote relaxation and reduce muscle spasm. A utilization review dated 10-14-2015 non-certified requests for acupuncture 2x4 weeks cervical and lumbar spines and chiro with physical therapy modalities 2x a week for 6 weeks for the cervical and lumbar spines.

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

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

**Acupuncture 2x4 weeks cervical and lumbar spines:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The requested Acupuncture 2x4 weeks cervical and lumbar spines, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has noted to be depressed due to ongoing debilitating pain. Ultracet was noted to provide 30-40% pain relief for 5-6 hours. Objective findings (06-11-2015 and 08-24-2015) included tenderness to palpation of the cervical musculature bilaterally with increased muscle rigidity, numerous trigger points, decreased range of motion, palpable tenderness of the lumbar paraspinal musculature, decreased range of motion and pain with range of motion. Lower extremity motor testing was decreased. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Acupuncture 2x4 weeks cervical and lumbar spines is not medically necessary.

**Chiro with Physical Therapy modalities 2x/week for 6 weeks for the cervical and lumbar spines:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The requested Chiro with Physical Therapy modalities 2x/week for 6 weeks for the cervical and lumbar spines, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy with documented objective evidence of derived functional benefit. The injured worker has noted to be depressed due to ongoing debilitating pain. Ultracet was noted to provide 30-40% pain relief for 5-6 hours. Objective findings (06-11-2015 and 08-24-2015) included tenderness to palpation of the cervical musculature bilaterally with increased muscle rigidity, numerous trigger points, decreased range of motion, palpable tenderness of the lumbar paraspinal musculature, decreased range of motion and pain with range of motion. Lower extremity motor testing was decreased. The treating physician has not documented the medical necessity for treatment sessions beyond guideline recommended trial of 6 sessions and then re-evaluation. The criteria noted above not having been met, Chiro with Physical Therapy modalities 2x/week for 6 weeks for the cervical and lumbar spines is not medically necessary.

