

<b>Case Number:</b>	CM15-0022946		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Arizona

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 51-year-old female who reported an injury on 11/27/2013 due to an unspecified mechanism of injury. On 12/29/2014, she presented for a follow-up evaluation regarding a work related injury. She reported pain in the neck, upper and lower back, and right shoulder. A physical examination showed lumbar spine tenderness in the paraspinals. It should be noted that the document provided was handwritten and illegible. She was diagnosed with cervical "Arnold Chiari," thoracic sprain/strain, lumbar spine disc rupture, right shoulder strain, and other problems unrelated to current evaluation. The treatment plan was for chiropractic therapy 2 times a week for 6 weeks and acupuncture therapy 2 times a week for 6 weeks. The rationale for treatment was not stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic two (2) times a week for six (6) weeks:** 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): 58.

**Decision rationale:** The California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition at a frequency of 1 to 2 per week for the first 2 weeks, then 1 treatment per week for the next 6 weeks, with a maximum duration of 8 weeks. The documentation provided does not show that the injured worker has any significant functional deficits to support the request for chiropractic therapy. Also, further clarification is needed regarding the injured worker's prior treatments and if he had undergone chiropractic therapy previously to address the same injury. Furthermore, the body part that would be receiving the chiropractic treatment was not stated within the request. It was not evident within the documentation. Therefore, the request is not supported. As such, the request is not medically necessary.

**Acupuncture two (2) times a week for six (6) weeks:** Upheld

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

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

**Decision rationale:** The California Acupuncture Treatment Guidelines indicate that acupuncture is recommended when pain medication is being reduced or not tolerated and as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The documentation provided does not state a clear rationale for the medical necessity of acupuncture therapy. Also, further clarification is needed regarding the injured worker's treatments and if she had undergone acupuncture therapy previously to address the same injury. Furthermore, the body part to receive acupuncture therapy was not stated within the request and was not evident within the report. Therefore, the request is not supported. As such, the request is not medically necessary.