

<b>Case Number:</b>	CM15-0036946		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/23/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 58 year old female with an industrial injury dated 6/23/2013 which resulted from hitting her head on an overhead bin in an airplane. Diagnoses includes brachial neuritis or radiculitis, cervical disc displacement without myelopathy, cervical disc degeneration, sleep disturbance, and shoulder region disorders. Diagnostic testing has included MRI of the cervical spine (10/31/2014) and electrodiagnostic studies of the bilateral upper extremities (11/2014). Previous treatments have included conservative measures, medications, acupuncture and chiropractic therapy. A progress note dated 02/12/2015, reports neck pain, right upper extremity pain and right hand pain described as aching, numb, burning and tingly. The objective examination revealed restricted range of motion in the cervical spine, bilateral shoulders, decreased motor strength in the right upper extremity, and decreased sensation over the right lateral forearm. The treating physician is requesting 8 sessions of chiropractic therapy, and 8 session of acupuncture for the cervical spine, which was denied by the utilization review. On 02/26/2015, Utilization Review non-certified a request for 8 sessions of chiropractic therapy, and 8 session of acupuncture for the cervical spine, noting MTUS guidelines were cited. On 02/26/2015, the injured worker submitted an application for IMR for review of 8 sessions of chiropractic therapy, and 8 session of acupuncture for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **8 sessions of chiropractic therapy: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic, manipulation.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions #8 are not medically necessary. Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis not otherwise specified; cervical disc displacement without myelopathy; cervical disc degeneration; sleep disturbance; shoulder region disorders not elsewhere classified. Documentation from an August 13, 2014 progress note indicates the injured worker underwent conservative therapy with physical therapy, acupuncture and chiropractic treatment. A November 10, 2014 note states the injured worker did not receive significant improvement from conservative measures (PT, acupuncture and chiropractic). The total number of chiropractic sessions to date is not in the medical record documentation. The guidelines recommend a trial of six visits over two weeks with manipulation. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be necessary. There is no documentation of objective functional improvement or chiropractic session notes. Consequently, absent clinical documentation with objective functional improvement to gauge the initial trial, additional chiropractic sessions #8 are not medically necessary.

### **8 sessions of acupuncture for cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture 8 sessions cervical spine is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond

an initial short period. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis not otherwise specified; cervical disc displacement without myelopathy; cervical disc degeneration; sleep disturbance; shoulder region disorders not elsewhere classified. Documentation from an August 13, 2014 progress note indicates the injured worker underwent conservative therapy with physical therapy, acupuncture and chiropractic treatment. A November 10, 2014 note states the injured worker did not receive significant improvement from conservative measures (PT, acupuncture and chiropractic). The guidelines recommend an initial trial of 3 to 4 visits over two weeks. With evidence of objective functional improvement, a total of 8 to 12 visits over 4 to 6 weeks may be indicated. The total number of acupuncture sessions to date are not documented in the medical record. Additionally, there is no evidence of objective functional improvement. Consequently, absent clinical documentation with objective functional improvement to gauge the initial trial, additional acupuncture eight sessions cervical spine is not medically necessary.