

<b>Case Number:</b>	CM15-0080170		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 55-year-old woman sustained an industrial injury on 5/23/2013. Diagnoses include rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left shoulder impingement syndrome, left shoulder internal derangement, rule out carpal tunnel syndrome, rule out left wrist internal derangement, and depression. Treatment has included oral medications. Physician notes dated 3/31/2015 show complaints of cervical and lumbar spine pain, left shoulder pain, left wrist pain, and depression. Recommendations include two topical medicated compounds, orthopedic surgeon consultation, pain management consultation, urine drug screen, acupuncture, chiropractic treatment, physiotherapy, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment to the cervical spine, lumbar spine, left shoulder, and left wrist 1 time per week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Manual therapy & manipulation Page(s): 6; 58-59.

**Decision rationale:** The injured worker sustained a work related injury on 5/23/2013. The medical records provided indicate the diagnosis of rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left shoulder impingement syndrome, left shoulder internal derangement, rule out carpal tunnel syndrome, rule out left wrist internal derangement, and depression. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Chiropractic treatment to the cervical spine, lumbar spine, left shoulder, and left wrist 1 time per week for 6 weeks. The medical records indicate the injured worker has been returned to regular duty; during the 01/06/15 office visit. The injured worker was placed on temporary total disability while a request was made for 12 chiropractic visits and 12 acupuncture visits; during the 11/12/2014 visit, a request was made for 12 physical therapy visits. There is no information on whether the injured worker received the stated treatments or not, but it is clear from the fact that the injured worker has returned to work that the worker has improved. The MTUS recommends that further treatment of the injured worker be done in the context of the information from the history (including review of records and outcome of previous measures) and physical. Therefore, it is not medically necessary for the injured worker to have the chiropractic care without information regarding the previews requested treatment. Chiropractic care is discussed under manual therapy and the recommendation is as follows: Low back: Recommended as an option. Therapeutic care trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months.

**Acupuncture treatment to the cervical spine, lumbar spine, left shoulder, and left wrist 1 time per week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 5/23/2013. The medical records provided indicate the diagnosis of rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left shoulder impingement syndrome, left shoulder internal derangement, rule out carpal tunnel syndrome, rule out left wrist internal derangement, and depression. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Acupuncture treatment to the cervical spine, lumbar spine, left shoulder, and left wrist 1 time per week for 6 weeks. The medical records indicate the injured worker has been returned to regular duty; during the 01/06/15 office visit. The injured worker was placed on temporary total disability while a request was made for 12 chiropractic visits and 12 acupuncture visits; during the 11/12/2014 visit, a request was made for 12 physical therapy visits. There is no information on whether the injured worker received the stated treatments or not, but it is clear from the fact that the injured worker has returned to work that the worker has improved. The MTUS recommends that further treatment of the injured worker be done in the context of the information from the history (including review of records and outcome of previous measures) and physical. Therefore, it is not medically

necessary for the injured worker to have the Acupuncture treatment without information regarding the previews requested treatment. The acupuncture guidelines recommends as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented.

**Physical therapy to the cervical spine, lumbar spine, left shoulder, and left wrist 1 time per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine - Physical Medicine Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Physical Medicine Page(s): 6; 98-99.

**Decision rationale:** The injured worker sustained a work related injury on 5/23/2013. The medical records provided indicate the diagnosis of rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, left shoulder impingement syndrome, left shoulder internal derangement, rule out carpal tunnel syndrome, rule out left wrist internal derangement, and depression. Treatment has included oral medications. The medical records provided for review do not indicate a medical necessity for Physical therapy to the cervical spine, lumbar spine, left shoulder, and left wrist 1 time per week for 6 weeks. The medical records indicate the injured worker has been returned to regular duty; during the 01/06/15 office visit. The injured worker was placed on temporary total disability while a request was made for 12 chiropractic visits and 12 acupuncture visits; during the 11/12/2014 visit, a request was made for 12 physical therapy visits. There is no information on whether the injured worker received the stated treatments or not, but it is clear from the fact that the injured worker has returned to work that the worker has improved. The MTUS recommends that further treatment of the injured worker be done in the context of the information from the history (including review of records and outcome of previous measures) and physical. Therefore, it is not medically necessary for the injured worker to have the requested physical therapy. The MTUS recommends a maximum of 10 visits followed by self exercises.