

<b>Case Number:</b>	CM15-0083551		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	03/02/2015
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 31 year old, male who sustained a work related injury on 3/2/15. He slipped on wet ground and fell, jolting his neck and back and twisting his left knee. He felt immediate pain in left knee. The diagnoses have included cervical strain/sprain, cervical radiculopathy, thoracic strain/sprain, lumbar strain/sprain, lumbar radiculopathy, shoulder strain/sprain, left knee strain/sprain, myalgia/myositis, muscle spasms and numbness and tingling. The treatments have included rest, activity modification, physical therapy and medications. In the PR-2 dated 3/24/15, the injured worker complains of aching, constant neck pain. He rates his pain level a 7/10. He complains of neck stiffness. He has decreased and painful range of motion in neck. He has tenderness to palpation of cervical paraspinal musculature. He has pain that radiates to both arms, left greater than right. He has numbness and tingling in left arm. He complains of constant, aching and penetrating upper back pain. He rates this pain level a 7/10. He complains of left shoulder, hand and wrist pain. He rates this pain level a 7/10. He has pain with movement of left shoulder. He has decreased range of motion in left shoulder. He has tenderness to palpation of left shoulder. He has pain in left hand with swelling near the thumb. He complains of dull, aching and frequent pain in mid to lower back. He rates his pain level a 7/10. He has occasional pain radiating down both legs, left greater than right. He has decreased range of motion in lumbar spine. He has moderate tenderness to palpation of lumbar paraspinal musculature. He complains of left knee pain with numbness and tingling of leg. He rates his pain level for left knee a 7-8/10. The treatment plan is a request for authorization for trial of acupuncture and chiropractic care.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Acupuncture and Chiropractic care with adjunctive physiotherapies 2 per week for 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** Trial of Acupuncture and Chiropractic care with adjunctive physiotherapies 2 per week for 6 weeks is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines and the Chronic Pain Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. For chiropractic care a trial of 6 visits over 2 weeks is recommended. The request exceeds the recommended number of trial visits for acupuncture. There are no extenuating circumstances necessitating a 12-visit trial of acupuncture and chiropractic care with adjunctive physiotherapies therefore this request is not medically necessary.