

<b>Case Number:</b>	CM14-0099039		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old male who was reportedly injured on July 3, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 8, 2014, indicates that there are ongoing complaints of neck pain, back pain, shoulder pain, and ankle pain. The physical examination demonstrated tenderness of the cervical spine, shoulders, lower back, and ankles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request was made for chiropractic care, physiotherapy and acupuncture three times a week for the next eight weeks and periodic pain treatment consultation and was not certified in the pre-authorization process on June 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 3 times per week and physiotherapy, acupuncture 3 times per week for the next 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine, Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. Additionally acupuncture treatment is only indicated as an option when pain medication is reduced or not tolerated. As this request is for 24 visits of chiropractic care and there is no documentation that the injured employee's pain medication is reduced or not tolerated, this request for chiropractic treatment 3 times per week and physiotherapy, acupuncture 3 times per week for the next eight weeks is not medically necessary.

**Periodic pain treatment consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** According to the medical record the injured employee was previously authorized a pain management consultation. However the results of that initial consultation or unknown. Considering this, future periodic pain treatment consultations are not medically necessary.