

<b>Case Number:</b>	CM14-0211806		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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

Certification(s)/Specialty: Chiropractor

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 47 year old male with chronic pain in the shoulder, neck, low back, and ankle, date of injury is 10/28/2013. Previous treatments include medications, acupuncture, chiropractic, and massage therapy. Progress report dated 12/02/2014 by the treating doctor revealed patient with neck, right shoulder, upper back, low back, right wrist, right foot and ankle pain. At the present time, his back pain is feeling much better due to acupuncture treatment, he also finds benefit from realignment and manipulation through chiropractic therapy. Lumbar spine exam revealed extension at 10 degrees and flexion at 50 degrees. Diagnoses include pain in shoulder joint, pain in ankle/foot joint, neck sprain/strain, and lumbar sprain/strain. The patient may return to sedentary work is available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the shoulder, ankle, neck and lumbar spine; 6 sessions:** Upheld

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

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

**Decision rationale:** The claimant presented with ongoing pain in the neck, right shoulder, upper back, low back, right wrist, right foot, and ankle. Reviewed of the available medical records showed the claimant has been receiving acupuncture treatment and paying out of pocket and it helped with his back pain. However, there are no treatment records available; total number of visits is unknown. The progress report showed no reduction in pain medication and no physical rehabilitation in progress. Based on the guidelines cited above, the request for acupuncture treatment for this claimant is not medically necessary.

**Chiropractic for the shoulders, ankle neck and lumbar spine; 6 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Ankle & Foot, Neck & Upper Back Chapters (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** Reviewed of the available medical records showed the claimant has had chiropractic treatment with some temporary benefits. There are no previous treatment records available for review, total number of visits is unknown and functional improvements are not documented. While MTUS guidelines do not recommend chiropractic manipulation for the ankle, the request for 6 chiropractic treatments also exceeded the guidelines recommendation of 1-2 visits for flares-up. Therefore, it is not medically necessary.