

Case Number:	CM14-0217419		
Date Assigned:	01/07/2015	Date of Injury:	03/06/2014
Decision Date:	03/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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, Massachusetts

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 34 year old female was a teacher's assistant when she sustained an injury on March 6, 2014. While sitting on the grass, four young children ran into her for a big hug. The injured worker fell backward and injured her right hand, then pain radiated up toward her shoulder and mid back. On June 5, 2014, the treating physician noted dull to sharp right shoulder and arm pain with radiation to her left shoulder and mid-back. The physical exam revealed full spine range of motion without pain, negative compression and traction 3 tests, tenderness on the right shoulder, and tenderness on the left shoulder radiating down to the mid-back. Diagnoses included resolved mild cervical strain without radiculopathy and right shoulder muscle strain. The physician recommended an over-the-counter pain medication and a home exercise program. The injured worker was full duty at work. On October 31, 2014, the treating chiropractic physician noted continuous mid-back pain. The pain was rated 8/10 and increased with prolonged sitting. The physical exam revealed mildly decreased thoracic spine range of motion with mild tenderness to palpation of the cervical spine and T6-T7. Diagnoses were thoracic sprain/strain and thoracic myospasms. The physician recommended chiropractic therapy twice a week for 5 weeks and acupuncture twice a week for 4 weeks. Current work status is temporarily totally disabled. The records refer to a prior chiropractic care, but do not provide specific dates of service or results. The UR noted that past treatment included physical therapy, but the medical records do not provide specific dates of service or results of any prior physical therapy. On November 26, 2014 Utilization Review non-certified a prescription for chiropractic therapy for 10 (2 x 5) sessions and a prescription for 8 (2 x 4) sessions of E-Acupuncture (Electroacupuncture) with modalities

for the thoracic area requested on November 19, 2014. The chiropractic therapy was non-certified based on lack of documentation of prior chiropractic treatments, physical therapy and chiropractic efficacy, which provide evidence of ongoing functional gains from prior therapy. There was a lack of documentation of the rationale for further treatment and insufficient documentation of the injured worker actively participating in a home exercise program. The E-Acupuncture with modalities was non-certified based on the lack of documentation from prior treatments, pain medication use, and topical modalities as well as prior acupuncture use, with functional outcomes. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for Chiropractics -Manual Therapy and Manipulation and Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x5: Upheld

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

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

Decision rationale: According to MTUS chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. A trial of 6 visits over 2 weeks, with evidence of objective functional improvement is approved for lower back pain. Unfortunately due to lack of medical records showing evidence of objective functional improvement with the initial course of 10 treatment sessions, further chiropractic treatment is not supported by the guidelines as being medically necessary.

E-Acupuncture with modalities 2x4- Thoracic: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The treatment guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation or surgical intervention and is appropriate treatment for lower back pain and spasm from strain/sprain. The injured worker has lower back pain and spasm on physical exam. The peer reviewer states that the requested treatment is not appropriate based on that there is "no

documentation of pain medication use and topical modalities as well as prior acupuncture use, with functional outcomes". From the limited records provided it appears that the patient has not yet attempted acupuncture of this injury and therefor there is no reasons to expect there to be documentation of prior acupuncture with functional improvement. Additionally, while there is no mention of pain medications this is not a contraindication for not attempting acupuncture. Consequently the requested acupuncture trial is appropriate and clinically indicated.