

<b>Case Number:</b>	CM15-0014190		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 33 year old female, who sustained an industrial injury on October 27, 2011. She has reported neck and back pain. The diagnoses have included cervical pain with radiculopathy, and lumbar pain with radiculopathy. Treatment to date has included medications, epidural steroid injections, nerve root block, chiropractic therapy, physical therapy, and acupuncture, radiological imaging, trigger point injection, and transcutaneous electrical nerve stimulation. Currently, the IW complains of continued left shoulder, neck and low back pain. The records indicate 95 percent relief with a second lumbar epidural steroid injection, improvement in pain from acupuncture therapy, and 90 percent pain relief from a trigger point injection to the shoulder. Physical findings are noted to have tenderness in the lumbar area, and with palpation a twitch response in the neck area. Range of motion is indicated to be decreased. On December 31, 2014, Utilization Review non-certified physical therapy two times weekly for four weeks for the shoulder, and chiropractic therapy two times weekly for four weeks for the lumbar spine, and modified certification of acupuncture two times weekly for three weeks for the cervical spine, based on MTUS and ODG guidelines. On January 16, 2015, the injured worker submitted an application for IMR for review of physical therapy two times weekly for four weeks for the shoulders, and chiropractic therapy two times weekly for four weeks for the lumbar spine, and acupuncture two times weekly for four weeks for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 for shoulders: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation physical therapy

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had only a painful range of motion and a diagnosis of shoulder strain. There was no indication that the visit cannot be performed in a home setting. THE ODG guidelines allows for up to 3 visits in other cases for shoulder pain. The claimant did not have the diagnoses above. The request for 8 sessions of physical therapy of the shoulder is not medically necessary.

**Chiropractic therapy 2 x 4 for lumbar spine: Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. As a result additional chiropractor therapy is not necessary. In this case, the functional improvement with chiropractor therapy is unknown. In this case, the request for 8 sessions is over the 6 sessions recommended to determine benefit. As a result, the request is not medically necessary.

**Acupuncture for 2 x 4 for cervical spine: Upheld**

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

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

**Decision rationale:** According to the guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation

and/or surgical intervention to hasten functional recovery. Functional improvement is expected to occur in 3-6 treatments. In this case, the request for 8 sessions is above the amount recommended to obtain functional improvement. In addition, it is considered an option and is not medically necessary.