

<b>Case Number:</b>	CM15-0126912		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/10/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year-old female who sustained an industrial injury on 12/10/13. She reported neck and upper extremity pain after repetitive work activities. Diagnoses include degeneration of cervical intervertebral disc, and shoulder pain. Diagnostic testing and treatments to date have included MRI, physical therapy, TENS unit, topical/oral pain medication, chiropractic care, and acupuncture. Currently, the injured worker reports improvement in symptoms with pain psych, Lidoderm patches, chiropractic care, and acupuncture. She notes significant benefit from chiropractic sessions on her spasm and numbness in her upper back, and shoulder. Requested treatments include chiropractic treatment 6 sessions neck and right shoulder per 05/08/15 order, and acupuncture treatment 6 sessions neck and right shoulder per 05/08/15 order. The injured worker is currently working with restrictions of 6 hours. Date of Utilization Review: 06/16/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 6 sessions neck and right shoulder per 05/08/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

**Decision rationale:** Neck and shoulder pain: The claimant sustained a work injury in December 2013 and continues to be treated for neck and shoulder pain. Treatments have included acupuncture, chiropractic care, and medications. When seen, there was a normal musculoskeletal examination. Prior treatments have included 18 chiropractic sessions and is unknown number of acupuncture treatments. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the claimant has already completed the recommended number of treatments. There are no documented ongoing impairments. The additional treatments being requested are in excess of the guideline recommendation and not medically necessary.

**Acupuncture treatment 6 sessions neck and right shoulder per 05/08/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** Neck and shoulder pain: The claimant sustained a work injury in December 2013 and continues to be treated for neck and shoulder pain. Treatments have included acupuncture, chiropractic care, and medications. When seen, there was a normal musculoskeletal examination. Prior treatments have included 18 chiropractic sessions and is unknown number of acupuncture treatments. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of treatments already provided was not provided. There are no documented ongoing impairments. The request is not medically necessary.