

<b>Case Number:</b>	CM15-0043463		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: California  
Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55-year-old female who reported an injury on 01/12/2014. The mechanism of injury was the injured worker was washing dishes and had a slip and fall on a wet floor, landing on her low back and left shoulder striking the back of her head against the floor. The documentation of 01/08/2015 revealed the injured worker had complaints of pain in the left ankle, low back, and cervical spine. The injured worker was noted to have x-rays and chiropractic treatment. The current complaint revealed moderately severe pain over the left ankle, low back, and cervical spine and headaches. The surgical history was noncontributory. The injured worker's medications were noted to include ibuprofen. The physical examination revealed tenderness over the cervical, thoracic, and lumbar paravertebrals. The injured worker was noted to have decreased range of motion of the cervical spine with 4/5 motor strength over the right upper extremity. The injured worker underwent an MRI of the lumbar spine and left ankle. The diagnoses include chronic pain syndrome and chronic headache. Recommendation was for an MRI of the cervical spine and a repeat MRI of the lumbar spine. Additionally, the request was made for medial branch blocks. The documentation indicated the injured worker had undergone 24 sessions of chiropractic treatment for the lumbar spine; however, it was not indicated whether the injured worker had chiropractic care for the cervical spine or ankle. Additionally, a request was made for 8 sessions of acupuncture for the cervical spine, lumbar spine, and left ankle. The subsequent documentation dated 02/19/2015 revealed an office visit and an appeal. The physical examination revealed restriction of flexion to 30 degrees in the cervical spine and extension of 30 degrees in the cervical spine. The injured worker had paravertebral muscle tenderness bilaterally. The injured worker indicated that prior chiropractic sessions for the low back only. In terms of acupuncture, the injured worker was not noted to have acupuncture previously. Prior treatments included oral medications, physical therapy, and

chiropractic treatments for the low back only, and the injured worker had continued with her home exercise program. Documentation indicated that the request was changed to 6 sessions of chiropractic care for the cervical spine and 6 sessions of acupuncture for the low back.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Chiropractic to cervical spine x 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck/Upper back chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Manipulation.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The California Medical Treatment Utilization Schedule Guidelines do not discuss manual therapy for the cervical spine. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the treatment for a cervical strain is a trial of 6 visits over 2 to 3 weeks. There was no diagnoses noted as related to the cervical spine. As such, the guideline for cervical strain was utilized. The clinical documentation submitted for review indicated the injured worker had no prior chiropractic care for the cervical spine. The request for 8 sessions would be considered excessive. Given the above, and the lack of documentation of exceptional factors, the request for chiropractic to cervical spine x 8 is not medically necessary.

#### **Acupuncture to Low back x 8: Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review indicated the request had been changed to 6 sessions of acupuncture for the low back. There was a lack of documentation that the injured worker would be utilizing the treatment as an adjunct therapy and that pain medications had been reduced or were not tolerated. However, the request as submitted was for 8 sessions. This would be considered excessive. Given the above, the request for acupuncture to low back x 8 is not medically necessary.

#### **Acupuncture to ankle x 8: Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments. There was a lack of documentation that the injured worker would be utilizing the treatment as an adjunct therapy and that pain medications had been reduced or were not tolerated. The request as submitted was for 8 sessions. This would be considered excessive. Given the above, the request for acupuncture to ankle x 8 is not medically necessary.

**Acupuncture to neck x 8:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments. There was a lack of documentation that the injured worker would be utilizing the treatment as an adjunct therapy and that pain medications had been reduced or were not tolerated. The request as submitted was for 8 sessions. This would be considered excessive. Given the above, the request for acupuncture to neck x 8 is not medically necessary.