

<b>Case Number:</b>	CM15-0060526		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New Jersey, New York  
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 50 year old female, who sustained an industrial injury on 12/1/14. She reported pain in her left shoulder, left arm and neck due to falling off a truck bed. The injured worker was diagnosed as having acute left shoulder sprain, acute thoracic sprain, acute cervical sprain and minor head injury. Treatment to date has included physical therapy, chiropractic treatment, acupuncture and pain medications. As of the PR2 dated 2/10/15, the injured worker reports 8/10 headache pain daily, 7/10 neck pain, 8-9/10 low back pain and 6-9/10 pain in the left shoulder. The treating physician requested to continue acupuncture 1x weekly for 4 weeks and additional chiropractic treatments 2 x weekly for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatments, twice weekly for four weeks:** Upheld

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

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

**Decision rationale:** The request is considered not medically necessary. According to the chart, the patient had 13 sessions of chiropractic care. Improvement in functional capacity was not documented. MTUS guidelines state that elective/maintenance care is not medically necessary for the lumbar spine pain; there are no specific guidelines for cervical and thoracic spine. If a reoccurrence or flare-up occurs, there needs to be a re-evaluation of treatment success. If the patient has returned to work, then 1-2 visits, every 4-6 months. However, in this chart, there is no documentation that she had functional improvement from the 13 sessions and would probably not improve with additional sessions. Given these reasons, the request is considered not medically necessary.

**Acupuncture, once weekly for four weeks:** Upheld

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

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

**Decision rationale:** The request for acupuncture is medically unnecessary. According to the chart, the patient has had acupuncture sessions without documentation of results by the practitioner. There were no documents about improvement in symptoms, exam findings, and improvement in functional progress. Without evidence of improvement from the initial acupuncture sessions, it is difficult to say if additional sessions are needed. Therefore, the request is considered medically unnecessary.