

<b>Case Number:</b>	CM15-0071046		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 (IW) is a 58 year old female who sustained an industrial injury on 10/28/2013. In information taken from the Agreed on Medical Examination (AME) of 12/17/2014, she reported back pain and bilateral shoulder, wrist, and hand pain. The injured worker was diagnosed as having Cervical bulging disc syndrome with upper extremity radiculopathy; Bilateral shoulder strains and sprains, moderate impingement syndrome of left shoulder, left shoulder tendinosis of rotator cuff without tear, Overuse syndrome, bilateral wrists, Thoracic spine strain and sprain; and Lumbar bulging disc syndrome with complaints of bilateral lower extremity radiculopathy. Treatment to date has included chiropractic treatments, Cortisone injections, and acupuncture, which gave temporary benefit, and pain management. The injured worker complains of bilateral shoulder pain that is present all of the time, and bilateral wrist pain that is present most of the time described as "achy to burning". She has mid back pain that is present all of the time described as "achy", and low back pain that is present most of the time described as "achy". In a request for authorization received by the utilization review organization on 03/27/2015, the following requests were submitted: Chiropractic Therapy, 1 time a week for 6 weeks, Cervical Spine, Shoulder, Elbow, Quantity : 6, and Acupuncture, 1 time a week for 6 weeks, Quantity : 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy, 1 time a week for 6 weeks, Cervical Spine, Shoulder, Elbow, Quantity : 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and endpoints Manual therapy Page(s): 8-9, 58-59.

**Decision rationale:** The 59 year old patient complains of neck pain radiating to bilateral upper extremities, mid back pain, and low back pain radiating to bilateral lower extremities, as per AME report dated 12/17/14. The request is for Chiropractic Therapy, 1 Time a Week for 6 Weeks Cervical Spine, Shoulder, Elbow, Quantity 6. There is no RFA for this case, and the patient's date of injury is 10/28/13. Diagnoses, as per AME report dated 12/17/14, included cervical bulging disc syndrome, upper extremity radiculopathy, bilateral shoulder strains and sprains, overuse syndrome of bilateral wrists, thoracic spine strain and sprain, and lumbar bulging disc syndrome with bilateral lower extremity radiculopathy. The patient is not working, as per the same report. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In this case, only one AME report dated 12/17/14 has been provided for review. As per the report, the patient has received chiropractic care in the past with temporary benefit. The report, however, does not state the number of sessions completed in the past. Additionally, there is no documentation of objective functional improvement due to prior chiropractic care, as required by MTUS for additional sessions. Hence, the request is not medically necessary.

**Acupuncture, 1 time a week for 6 weeks, Quantity : 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The 59 year old patient complains of neck pain radiating to bilateral upper extremities, mid back pain, and low back pain radiating to bilateral lower extremities, as per AME report dated 12/17/14. The request is for Acupuncture, 1 Time a Week for 6 Weeks, QTY: 6. There is no RFA for this case, and the patient's date of injury is 10/28/13. Diagnoses, as per AME report dated 12/17/14, included cervical bulging disc syndrome, upper extremity radiculopathy, bilateral shoulder strains and sprains, overuse syndrome of bilateral wrists, thoracic spine strain and sprain, and lumbar bulging disc syndrome with bilateral lower extremity radiculopathy. The patient is not working, as per the same report. For acupuncture, the MTUS

Guidelines page 13 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, only one AME report dated 12/17/14 has been provided for review. As per the report, the patient has been treated with chiropractic and acupuncture treatments with temporary benefit. The report, however, does not indicate the number of sessions completed in the past. Additionally, there is no documentation of reduction in pain or objective improvement in function due to acupuncture, as required by MTUS for additional therapy. Hence, the request is not medically necessary.