

<b>Case Number:</b>	CM15-0099376		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 64-year-old female, who sustained an industrial injury on 6/3/11. The injured worker has complaints of right shoulder pain and bilateral knee pain. The diagnoses have included cervical spine disc herniation at C4-5, C5-6 and C6-7 with stenosis. Treatment to date has included aleve and ibuprofen; chiropractic therapy; injections and physical therapy; magnetic resonance imaging (MRI) of the right shoulder on 11/6/12 showed mild rotator cuff tendinosis with partial undersurface and interstitial tear, supraspinatus tendon, with acromioclavicular joint degenerative change and marked marrow edema, with possible widening at the acromioclavicular joint; magnetic resonance imaging (MRI) of the right knee on 11/2/13 showed blunting , anterior margin, posterior horn, medial meniscus and free edge body, medial meniscus with mild medial compartment chondral thinning without bone marrow; magnetic resonance imaging (MRI) of at the left knee on 1/20/14 showed mass-like signal abnormality in superolateral hoffas fat pad suggestive of focal hoffitis/edema, contrast administration could exclude any abnormal enhancement and magnetic resonance imaging (MRI) of right foot on September 2013 showed postoperative changed, second and third toes with metallic artifact somewhat limitation evaluation. The request was for acupuncture for cervical spine quantity 8 and chiropractic manipulation to cervical spine quantity 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for cervical spine qty: 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** According to the 04/21/2015 report, this patient presents with a 4/10 "stabbing pain in her neck" and bilateral shoulder pain. The current request is for Acupuncture for cervical spine qty: 8 and Utilization Review had "modified to 6 sessions." The request for authorization is on 04/21/2015. The patient's work status is "Permanent and stationary." For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. Review of the provided reports does not show prior acupuncture treatments and it is not known whether or not the patient has had acupuncture in the past. In this case, it may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement. However, the treating physician is requesting for 8 sessions of acupuncture, which exceed what the guidelines recommendation for an initial trial. The request is not medically necessary.

**Chiropractic manipulation to cervical spine qty: 8: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** According to the 04/21/2015 report, this patient presents with a 4/10 "stabbing pain in her neck" and bilateral shoulder pain. The current request is for Chiropractic manipulation to cervical spine qty: 8 and Utilization Review had "modified to 6 sessions." The request for authorization is on 04/21/2015. The patient's work status is "Permanent and stationary." Regarding chiropractic manipulation, MTUS states, "A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains." In reviewing the provided medical reports, the treating physician does not show prior chiropractic care for the cervical spine. Per the 04/21/2015 report, the treating physician states the patient has "stiffness to the neck with intermittent popping" and the "pain often wakes her up at night." In this case, the provided records do not show that an initial trial of chiropractic has been initiated for the cervical spine. An initial trial of chiropractic care is medically necessary.

