



## 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. The expert reviewer is licensed in Chiropractic and Acupuncture, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48 year old female who was involved in a work related injury on 11/2/2011. The primary diagnoses is cervical disc disease and rotator cuff tendinosis. There is very little documentation submitted. The first document submitted was a PR-2 dated 1/24/2013. It states that the patient had continued pain in the neck and shoulder and requests chiropractic treatment for the neck and physical therapy in the shoulder. It suggests future treatment as an MRI of the shoulder and cortisone injections. Another document is a right shoulder arthrogram performed on 1/14/2013. According to the prior denial, there was PR-2 on 8/5/13 that documented that there was a recent flare up of neck pain with radiation into the right shoulder and chest. The objective findings included positive radiculopathy, positive pinprick tenderness, positive spinal tenderness, trapezius tightness, pain with flexion and extension, limited range of motion, rhomboid spasm, numbness and tingling around the arm. There is a request for six chiropractic treatments and six acupuncture treatments. There is no indication whether there has been any prior chiropractic or acupuncture performed.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. The request for chiropractic services once a week for six weeks is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 58-60, which are part of the MTUS.

The Physician Reviewer's decision rationale:

It is unclear whether this service is an initial trial or whether prior chiropractic has been performed. It is likely that there was prior chiropractic treatment performed, given that a PR-2 in January 2013 specified chiropractic as a treatment. However, there was no documentation in the medical records provided for review of actual treatment provided or of functional improvement associated with prior chiropractic treatment. With the current documentation, six further chiropractic visits are not medically necessary. **The request for chiropractic treatment is not medically necessary and appropriate.**

**2. Acupuncture for the cervical spine and shoulder once a week for six weeks is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which are a part of the MTUS.

The Physician Reviewer's decision rationale:

It is unclear whether this service is an initial trial or whether prior acupuncture has been performed. If prior acupuncture was performed, documentation must be submitted that there was objective functional improvement to warrant further visits. If this is an initial trial, there also needs to be a clear request that this is trial and no prior acupuncture has been performed. Due to the lack of documentation within the clinical records provide for review, six visits of acupuncture is not medically necessary. **The request for acupuncture is not medically necessary and appropriate.**

/dso

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