

<b>Case Number:</b>	CM13-0024886		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 a Chiropractor and Acupuncturist 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 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/services.

### CLINICAL CASE SUMMARY

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

Claimant is a 43 year old male who was involved in a work related injury on 11/8/2013. His primary diagnoses are lumbar spine sprain/strain, lumbar spine radiculopathy, piriformis syndrome, post-concussion syndrome, sleep impairment, sexual dysfunction, post traumatic headaches and loss of smell. Per a re-evaluation on 11/6/13, he has had a total of 13 acupuncture sessions which have increased his ADLs and work hours. His current symptoms are numbness and pain in the left leg, headaches, partial smell, shoulder pain, lower back pain, left leg pain, and sexual difficulty. Prior treatment includes physical therapy, left piriformis injections, and spinal epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Clean Copy Guidelines pages 8-9

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

**Decision rationale:** According to evidenced based guidelines, physical medicine is recommended at 9-10 visits with a self-directed home program. There is no documentation of the number of past physical therapy treatments or of functional improvement associated with past therapy. There is no documentation of a self-directed home program. This appears to be an

adjunct request in addition to a request for acupuncture in August of 2013. However, acupuncture was approved but the other treatment modalities were not approved. According to a prior review, a case discussion with [REDACTED] revealed that these therapies were never requested. Therefore with no documentation of prior treatment results or amounts or documentation of the request, myofascial release is not medically necessary

**Neuromuscular reeducation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Clean Copy Guidelines, pages 8-9

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

**Decision rationale:** According to evidenced based guidelines, physical medicine is recommended at 9-10 visits with a self-directed home program. There is no documentation of the number of past physical therapy treatments or of functional improvement associated with past therapy. There is no documentation of a self-directed home program. This appears to be an adjunct request in addition to a request for acupuncture in August of 2013. However, acupuncture was approved but the other treatment modalities were not approved. According to a prior review, a case discussion with [REDACTED] revealed that these therapies were never requested. Therefore with no documentation of prior treatment results or amounts or documentation of the request, neuromuscular re-education is not medically necessary

**Infrared light therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Clean Copy Guidelines, pages 8-9

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

**Decision rationale:** According to evidenced based guidelines, physical medicine is recommended at 9-10 visits with a self-directed home program. There is no documentation of the number of past physical therapy treatments or of functional improvement associated with past therapy. There is no documentation of a self-directed home program. This appears to be an adjunct request in addition to a request for acupuncture in August of 2013. However, acupuncture was approved but the other treatment modalities were not approved. According to a prior review, a case discussion with [REDACTED] revealed that these therapies were never requested. Therefore with no documentation of prior treatment results or amounts or documentation of the request, infrared light therapy is not medically necessary.

**Therapeutic exercises:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Clean Copy Guidelines, pages 8-9

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

**Decision rationale:** According to evidenced based guidelines, physical medicine is recommended at 9-10 visits with a self-directed home program. There is no documentation of the number of past physical therapy treatments or of functional improvement associated with past therapy. There is no documentation of a self-directed home program. This appears to be an adjunct request in addition to a request for acupuncture in August of 2013. However, acupuncture was approved but the other treatment modalities were not approved. According to a prior review, a case discussion with [REDACTED] revealed that these therapies were never requested. Therefore with no documentation of prior treatment results or amounts or documentation of the request, therapeutic exercise is not medically necessary.