

<b>Case Number:</b>	CM13-0046233		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a 56-year-old male who sustained a work related injury to his low back and right side of his neck on November 08, 2012. He complains of "pinching" in his shoulders as well as pain in his lower back. The pain is worse when driving and performing computer work at the job site. The applicant has undergone physical therapy, has a home cervical traction unit, and has had acupuncture. The medical report from [REDACTED] dated November 12, 2013 confirmed that the applicant was in no acute distress and noted a normal gait. His Bilateral shoulder motions are normal with no winging of the scapulae. His neurologic function from the distal to the mid thoracic spine is intact. An MRI of the cervical spine dated April 30, 2013 revealed multilevel degenerative changes. [REDACTED] requested six (6) sessions of acupuncture and physical therapy for flare-ups of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) additional acupuncture sessions:** Upheld

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

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

**Decision rationale:** There is no mention or documentation in the records submitted that the previous attempted trial of acupuncture showed any functional improvement. There is no documentation provided by the acupuncturists that showed successful functional improvement other than some subjective reports of resolution of tingling in fingers. Range of motion of spine continued to remain normal. As per the referenced guidelines, "acupuncture treatments may be extended if functional improvement is documented." Thus, the request of an additional six (6) sessions of acupuncture treatment is non-certified.

**Six (6) additional physical therapy sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to the California MTUS guidelines, "active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." A note dated October 15, 2013 indicates normal lumbar range of motion values, that the straight leg raise was negative and there was no gait abnormality. There is no documentation regarding objective physical impairment and the request for continued physical therapy does not meet guidelines. Therefore, the request is non-certified.