

<b>Case Number:</b>	CM13-0052274		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	11/13/1995
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Board Certified in Occupational 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 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. 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 represented [REDACTED] employee who has filed the claim for chronic right upper extremity pain, chronic low back pain, brachial plexopathy/thoracic outlet syndrome, and depression reportedly associated with an industrial injury of November 30, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a utilization review report of October 24, 2013, the claims administrator approved a psychological evaluation, approved a diagnostic ultrasound, denied 18 sessions of physical therapy, and denied 18 sessions of acupuncture. It is noted that the claims administrator cited a variety of non-MTUS Guidelines, including ODG Guidelines of psychological evaluations, although the MTUS addresses the topic. The applicant's attorney subsequently appealed. In multiple progress notes handwritten, interspersed throughout 2013, the attending provider notes that the applicant carries diagnoses of thoracic outlet syndrome and cervical degenerative disk disease. The applicant underwent several Botox injections, including on June 19, 2013. The applicant was described as using Soma, Zomig, gabapentin, and Celebrex. On October 15, 2013, the attending provider sought authorization for a pain psychology consultation, multidisciplinary pain program, physical therapy, and acupuncture. The applicant was given diagnoses of myofascial pain syndrome, neck pain, and shoulder pain with possible brachial plexopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY/ACUPUNCTURE FOR THE LUMBAR, 2-3 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend a general course of nine to ten (9 to 10) sessions of treatment for myalgias and myositis of various body parts. The Guidelines also recommend tapering or fading the frequency of treatment over time and emphasize the importance of self-directed home physical medicine. The Guidelines indicate that the time deemed necessary to produce functional improvement following introduction of the acupuncture is three to six (3-6) treatments. The request for an eighteen (18) session course of treatment, is well in excess of the guideline parameters. In this case, for all the stated reasons, the original request does not meet guideline criteria and recommendations. Therefore, the request remains not certified.