

<b>Case Number:</b>	CM13-0058945		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/02/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Chiropractic Medicine has a subspecialty in Acupuncture and is licensed to practice in California and Texas. 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 injured worker is a 48 year old female who has sustained a work related injury on 3/2/2011. The mechanism of injury has not been given or provided. The worker's diagnoses include headache, facial pain, cervical spine strain/sprain, thoracic spine strain/sprain, and lumbar spine strain/sprain. Treatments to date have included: Medications, PT, Acupuncture, Chiropractic. The patient is currently TTD. Medical progress report dated 10/29/2013 states patient complains of burning headaches. Radicular neck pain rated at 5-6/10, pain radiates to bilateral upper extremities with numbness and tingling sensations; complaints of burning radicular mid back pain, low back pain rated at 5-6/10. Pain radiates down bilateral lower extremities with numbness and tingling sensations. Physical exam reveals C/S exam tender suboccipitals, trapezius, range of motion (ROM) decreased, sensation decreased. T/S tenderness, ROM decreased. US heel to toe walks with pain. Squats to 40%, tender paraspinals, decreased ROM, bilateral straight leg raises positive, ROM decreased, sensation decreased.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE NECK AND LOW BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, Section on Physical Medicine states: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; The Chronic Pain Treatment Guidelines allows for up to 10 visits of PT, which is sufficient to teach and transition to a home program. In this case, these visits have already been provided and the current request will continue to exceed the evidence based guidelines. Furthermore there is no evidence of progress or objective functional improvement from the prior treatments, which is required to support continued care. The claimant has already had extensive physical therapy to date, more than sufficient to teach and transition to a home program. The current request is not consistent with the evidence based guidelines and is not certified.

**ACUPUNCTURE TWICE A WEEK FOR FOUR WEEKS FOR THE FACE, HEAD, NECK, AND LOW BACK:** Upheld

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

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

**Decision rationale:** Acupuncture Medical Treatment Guidelines indicate that Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (1) Frequency: 1 to 3 times per week. (2) Optimum duration: 1 to 2 months. The chronic pain treatment guidelines allows for a trial of care with acupuncture which is 3 to 6 treatments to demonstrate objective functional improvement prior to further treatments. This has not been provided so further or continued acupuncture treatments are not supported.

