

<b>Case Number:</b>	CM13-0059460		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/27/2008
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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:

According to the records made available for review, this is a 49-year-old male with a 7/27/08 date of injury. At the time of request for authorization for additional acupuncture (2) times a week for (4) weeks for the neck, shoulders, and back and additional physical therapy (2) times a week for (4) weeks for the neck, shoulders, and back, there is documentation of subjective (left arm pain radiating down to the elbow, left knee pain, right knee swelling, neck pain, shoulder pain radiating to the left elbow, and lower back pain radiating to the mid back) and objective (tenderness in the low back with spasm, positive impingement sign in the right shoulder, positive Speed's and Neer's, restricted shoulder range of motion and positive straight leg raise) findings, current diagnoses (cervical/thoracic/lumbar sprain/strain, bilateral shoulder impingement, and lumbar spine herniated nucleus pulposus), and treatment to date (acupuncture, physical therapy, and medications). There is no documentation of the number of previous acupuncture sessions and physical therapy treatments, objective improvement with previous treatment, and documentation of exceptional factors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE (2) TIMES A WEEK FOR (4) WEEKS FOR THE NECK, SHOULDERS, AND BACK:** Upheld

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

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

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic/lumbar sprain/strain, bilateral shoulder impingement, and lumbar spine herniated nucleus pulposus. In addition, there is documentation of previous physical therapy treatments, functional deficits, and functional goals. However, there is no documentation of the number of previous acupuncture treatments to determine if guidelines have already been exceeded or will be exceeded with the additional request and objective improvement with previous treatment. Therefore, based on guidelines, and a review of the evidence, the request for Additional acupuncture (2) times a week for (4) weeks for the neck, shoulders, and back is not medically necessary.

**ADDITIONAL PHYSICAL THERAPY (2) TIMES A WEEK FOR (4) WEEKS FOR THE NECK, SHOULDERS, AND BACK:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page(s) 114 as well as the Official Disability Guidelines (ODG), Neck & Upper Back, Shoulder, and Low Back, Physical

**Decision rationale:** California Non-MTUS reference to ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. ODG recommends a limited course of physical therapy for patients with a diagnosis of neck sprain/strain, shoulder impingement syndrome, and lumbar sprain/strain not to exceed 10 sessions over 8 weeks; and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of diagnoses of cervical/thoracic/lumbar sprain/strain, bilateral shoulder impingement, and lumbar spine herniated nucleus pulposus. In addition, there is documentation of previous physical therapy treatments, functional deficits, and functional goals. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have already exceeded guidelines, documentation of exceptional factors. In addition, there is no documentation of objective improvement with previous treatment. Therefore, based

on guidelines and a review of the evidence, the request for Additional physical therapy (2) times a week for (4) weeks for the neck, shoulders, and back is not medically necessary.