

<b>Case Number:</b>	CM13-0066202		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 47 year-old male who was injured on 10/17/12 when he was picking oranges and fell from a ladder. He has been diagnosed with lumbar strain, cervical strain, thoracic strain, and scalp abrasion. According to the 11/2/12 report from [REDACTED], the patient has intermittent achy pain in the head where he had an abrasion, also complains of intermittent achy neck and low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE ONCE A WEEK FOR SIX WEEKS:** Overturned

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

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

**Decision rationale:** The patient presents with neck, back, and shoulder pain after falling from a ladder at work on 10/17/12. The request is for six sessions of acupuncture. The progress report with the rationale for acupuncture was not provided for review. However, reviewing the file, there appears to have been prior physical therapy, but no acupuncture. The MTUS guidelines for acupuncture state that if acupuncture is going to help, there should be some functional

improvement within the first 3-6 sessions. The request for six sessions is in accordance with the MTUS guidelines, and thus is medically necessary.

**PHYSIOTHERAPY TWICE A WEEK FOR SIX WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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

**Decision rationale:** The patient presents with neck, back, and shoulder pain after falling from a ladder at work on 10/17/12. The request is for physiotherapy twice a week for six weeks. The records show the patient has had physical therapy in the past. The MTUS places physiotherapy and physical therapy in the same category of physical medicine, and recommends 8-10 sessions for various myalgias and neuralgias. The request for 12 sessions of physiotherapy exceeds the MTUS recommendations. As such, the request is not medically necessary.

**DNA TESTING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The patient presents with neck, back, and shoulder pain after falling from a ladder at work on 10/17/12. The request is for DNA testing. The medical report with the request for DNA testing was not provided for this independent medical review. The MTUS/ACOEM does not discuss DNA testing, so the Official Disability Guidelines were consulted. The ODG specifically states that DNA testing/genetic testing for potential opioid abuse is not recommended. The request is not in accordance with ODG guidelines. As such, the request is not medically necessary.