

<b>Case Number:</b>	CM14-0001656		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/15/2006
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 & 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:

The reported a 9/15/2005 industrial injury claim. She has been diagnosed with cervical disc degeneration; chronic back pain; lumbar facet syndrome; spasm of muscle. According to the 12/17/13 pain management report from [REDACTED], the patient presents with neck pain. She also has lower back pain. [REDACTED] recommended referral for acupuncture and for 6-sessions of PT for piriformis release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** According to the 12/17/13 pain management report from [REDACTED], the patient presents with neck pain. She also has lower back pain. The duration and frequency or total number of sessions for the requested acupuncture treatment were not provided. Also, according to the UR letter, the patient has had prior acupuncture, 24 sessions, acupuncture progress reports have not been provided, and there is no documentation of functional

improvement from prior acupuncture, to support continued acupuncture therapy. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. Therefore, the requested acupuncture is not medically necessary and appropriate..

**PHYSICAL THERAPY 6 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine.

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

**Decision rationale:** According to the 12/17/13 pain management report from [REDACTED], the patient presents with neck pain. She also has lower back pain. I have been asked to review for PT x6 for the piriformis muscle release. The 12/17/13 report does not provide a physical examination of the piriformis, and there is no rationale provided for a piriformis release. The 11/19/13 medical report did not show a piriformis examination or provide a rationale, nor did the 9/10/13, 8/13/13, 7/16/13 and 6/18/13 reports. The medical reports do not mention any subjective complaints at the piriformis or provide any objective findings. MTUS states 8-10 sessions of PT may be appropriate for various myalgias or neuralgias, but in this case, the patient is not reported to have any myalgias or neuralgias involving the piriformis muscle. Therefore, the request for physical therapy 6 sessions is not medically necessary and appropriate.