

<b>Case Number:</b>	CM14-0005538		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/22/2002
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in 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 50 year old female whose date of injury is August 22, 2002. The injured worker sustained a cumulative work injury. Progress report dated September 24, 2013 indicates the injured worker complains of constant neck pain as well as right upper extremity pain. Diagnoses are listed as herniated nucleus pulposus at C5-6; tempuromandibular disorder; right shoulder impingement syndrome; right knee internal derangement; fibromyalgia; chronic fatigue syndrome; lumbar spine herniated nucleus pulposus at L4-5. This request is for eight sessions of physical therapy to the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 X 4, CERVICAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

**Decision rationale:** There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. It is unclear how many sessions of physical therapy the injured worker has completed to date, and the injured worker's response is

not documented to establish efficacy of treatment. California Medical Treatment Utilization Schedule (CAMTUS) guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 2x4 are not medically necessary.

**ACUPUNCTURE 2 X 4, CERVICAL:** Upheld

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

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

**Decision rationale:** There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. The submitted records indicate the injured worker has been authorized to undergo a trial of acupuncture; however, the injured worker's objective, functional response to this treatment is not documented to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 2x4 are not medically necessary.