

<b>Case Number:</b>	CM14-0127269		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/18/2004
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Pain Management 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 patient with a date of injury of 2/18/14. A utilization review determination dated 7/29/14 recommends non-certification of Acupuncture and Aqua Therapy. 7/9/14 medical report identifies neck and low back pain 4/10 with medication and 8/10 without. On exam, there is increased tenderness to lumbar and thoracic paraspinal muscles. She does have full ROM with reproducible pain. The patient finds acupuncture very beneficial. She had 4 sessions in May. It decreases her overall pain and improves pain control and sleep further up to 48 hours after each session. She would also like to try Aqua Therapy so that she can continue with self-guided therapy on her own after for exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to neck and low back are x6:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional

improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is mention of short-lived reduction in pain and the ability to sleep better for up to 48 hours after previous acupuncture treatment, but functional improvement as defined by the CA MTUS has not been identified. Given the short-term relief provided, there is also no indication that the pain relief has been utilized to help advance the patient in an independent home exercise program or another type of treatment to provide more long-term benefit. In light of the above issues, the currently requested Acupuncture is not medically necessary.

**Trial Aqua Therapy x6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation of trial and failure of a land-based independent home exercise program and a rationale identifying why the patient would require therapy in a reduced weight-bearing environment rather than land-based treatment. In the absence of such documentation, the currently requested Aquatic Therapy is not medically necessary.