

<b>Case Number:</b>	CM14-0132779		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	07/18/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old gentleman was reportedly injured on July 18, 2012. The mechanism of injury is noted as an assault. The most recent progress note, dated August 7, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, and bilateral shoulder pain. The pain is stated to radiate to the right and left arm. Current medications include Menthoderm gel, naproxen, pantoprazole, and Percocet. The physical examination demonstrated decreased range of motion of the cervical spine. There was full range of motion of the left shoulder but pain with full extension and full abduction. Muscle strength was slightly reduced at 4/5. There was decreased sensation over the medial forearm on the right side and the lateral forearm on the left side. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical spine anterior fusion. A request had been made for eight sessions of acupuncture and eight sessions of physical therapy for the cervical spine and was not certified in the pre-authorization process on July 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TO CERVICAL SPINE (SESSIONS) QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acupuncture, Updated August 4, 2014.

**Decision rationale:** According to the Official Disability Guidelines, acupuncture is under study for the upper back but not recommended for neck pain. Despite increasing popularity and usage acupuncture for chronic mechanical neck pain still remains unproven. As such, this request for a treatment of acupuncture for the cervical spine is not medically necessary.

**PHYSICAL THERAPY TO CERVICAL SPINE (SESSIONS) QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy, Updated August 4, 2014.

**Decision rationale:** A review of the attached medical record indicates that the injured employee has previously participated in physical therapy without any documentation of objective benefit. Considering this, this request for eight additional visits of physical therapy for the cervical spine is not medically necessary.