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| <b>Case Number:</b>   | CM14-0026498 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 08/22/2002 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 02/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2014 |

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 who reported an injury 08/22/2002. The mechanism of injury was not provided. On 06/10/2014, the injured worker presented with constant neck pain radiating to the bilateral shoulders down to the bilateral upper extremities and low back pain radiating to the buttocks down into the bilateral lower extremities associated with numbness and tingling sensation to the feet. Prior therapy included acupuncture, physical therapy and medication. Upon examination, the range of motion values of the cervical spine were 25/50 degrees of forward flexion, 20/60 degrees of extension, 45/80 degrees of right rotation, 40/80 degrees of left rotation, 10/45 degrees of right lateral bending and 10/45 degrees of left lateral bending. There was a positive Spurling's test bilaterally, upper extremity motor weakness noted in the bilateral biceps and wrist extension and sensory deficit noted over the bilateral C6 dermatomes. The upper extremity deep tendon reflexes were diminished. The diagnoses were herniated nucleus pulposus at C5-6, temporomandibular disorder, right shoulder impingement syndrome, right knee internal derangement, fibromyalgia, chronic fatigue syndrome, anxiety/depressive disorder secondary to initial injury and pain and lumbar spine herniated nucleus pulposus at L4-5. The provider recommended physical therapy and acupuncture. The provider's request is not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy, 2 x 4, cervical: Upheld**

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

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

**Decision rationale:** The request for continued physical therapy 2 times a week for 4 weeks for the cervical spine is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that there be therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior request for physical therapy as well as efficacy of the prior therapy. The guidelines allow for up to 10 visits for up to 4 weeks, the amount of physical therapy visits that have already been completed, was not provided. Also injured worker has been instructed and expected to continue active therapies at home as an extension of the treatment process, and there are no significant barriers to transitioning the injured worker to independent home exercise program. As such, the request is not medically necessary.

**Continued 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:** The request for continued acupuncture 2 times a week for 4 weeks for the cervical was not medically necessary. The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed for 3-6 treatments for up to 1 to 2 months. The amount of acupuncture therapy that the injured worker has already completed was not provided. The request for acupuncture therapy 2 times a week for 4 weeks exceeds the recommendation in the guidelines. As such, the request is not medically necessary.