

<b>Case Number:</b>	CM14-0031661		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Occupational Medicine 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 injured worker has been treated with the following: Analgesic medications, at least six sessions of acupuncture to date, and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 10, 2014, the claims administrator denied a request for 12 sessions of physical therapy and 12 sessions of acupuncture outright. A May 13, 2013 progress note is notable for comments that the injured worker reported persistent complaints of low back pain, ranging from 5-9/10. The injured worker was apparently limited in terms of even basic activities of daily living such as bathing, cooking, dressing, and driving, secondary to pain. The injured worker was using Flexeril, Protonix, Norvasc, Tenormin, hydrochlorothiazide, Zestril, and tramadol. The injured worker had comorbid diabetes and leukemia. The injured worker also had reflux. Protonix was refilled. Physical therapy, acupuncture, and a back brace were sought while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to Cervical Spine QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, Chronic Pain Treatment Guidelines Functional Improvement Measures, p. 48. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS pages 99, Physical Medicine topic.2. MTUS page 8.3. MTUS 9792.20f Page(s): 99,8.

**Decision rationale:** The 12-session course of treatment proposed represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and myositis of various body parts. In this case, no compelling applicant-specific rationale, narrative, or commentary was set forth for treatment in excess of MTUS parameters. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that there must be some demonstration of functional improvement at various milestones in the treatment program to justify continued treatment; the injured worker has had prior physical therapy. The applicant remains highly reliant and highly dependent on various medications, including tramadol and cyclobenzaprine. All of the above, taken together, imply lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy in unspecified amounts. Therefore, the request for 12 sessions of physical therapy is not medically necessary.

**Acupuncture to the Right Shoulder QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS 9792.20f.2. MTUS 9792.24.1.d, Acupuncture Medical Treatment Guidelines.

**Decision rationale:** The request otherwise represents a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, however, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no demonstration of functional improvement as defined in section 9792.20f despite completion of at least six prior sessions of acupuncture. A lack of functional improvement as defined in MTUS 9792.20f despite completion of at least six earlier sessions of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.