

<b>Case Number:</b>	CM14-0038501		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Emergency 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 61-year-old female who reported an injury on 12/06/2010. The mechanism of injury was not clearly provided. The injured worker's diagnoses included sprain of neck, lumbar region sprain, shoulder sprain, and impingement syndrome. The injured worker's past treatments included physical therapy, acupuncture therapy, medications, aquatic physical therapy, and an epidural steroid injection. The injured worker's diagnostic testing included a cervical spine MRI performed on 11/14/2011, which was noted to reveal disc desiccation with impingement upon the subarachnoid space at the C2-3, C3-4, C4-5, and C6-7. An MRI of the lumbar spine performed on 11/14/2011, was noted to reveal disc desiccation at L1-S1; L3-4 has annular disc bulge with biforaminal stenosis and facet arthropathy. The injured worker's surgical history was not included in the documentation. On 02/07/2014, the injured worker complained of pain in her neck with movement. She reported that the pain radiates into trapezius, shoulders, arms and hands causing numbness and tingling. She complained of low back pain with radiation into both legs which lasts until she repositions. Upon physical examination, the injured worker was noted with decreased cervical spine range of motion with midline, paravertebral and trapezius tenderness. She was noted with decreased lumbar spine range of motion paravertebral tenderness. She was noted with a positive impingement sign bilaterally. The injured worker's current medications were not included in the documentation. The request was for aqua therapy and acupuncture 2 times a week times 6 weeks for the cervical/thoracic/lumbar/bilateral shoulders. The rationale for the request was not clearly provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aqua therapy 2 times a week times 6 weeks for the cervical/thoracic/lumbar/bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The request for aqua therapy 2 times a week times 6 weeks for the cervical/thoracic/lumbar/ bilateral shoulders is not medically necessary. According to the California MTUS Guidelines, aquatic therapy may be recommended as an option form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity. The injured worker was noted to have completed 12 sessions of acupuncture, and 6 sessions of land based and aquatic physical therapy in 2011. The documentation did not provide sufficient evidence of significant objective functional improvement or an objective decrease in pain as a result of the completed therapy. The patient reported that the acupuncture helped. The patient reported neck and low back pain; however, the pain was not quantified. In the absence of documentation with sufficient evidence of significant objective functional improvement, documented evidence of an objective decrease in pain as a result of aqua therapy, and a complete and thorough pain assessment to include a current quantified pain, the request is not supported. Additionally, as the request is written, an additional 12 visits exceeds the guidelines. Therefore, the request is not medically necessary.

**Acupuncture 2 times a week times 6 weeks for the cervical/thoracic/lumbar/bilateral shoulders:** 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 acupuncture 2 times a week times 6 weeks for the cervical/thoracic/lumbar/ bilateral shoulders is not medically necessary. According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. According to the guidelines, the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The injured worker was noted to have completed 12 sessions of acupuncture, and reported that it helped. The documentation did not provide sufficient evidence of significant objective functional improvement or an objective decrease in pain as a result of the acupuncture. The documentation did not indicate a reduction

in pain medication or that pain medication was not tolerated. In the absence of documentation with sufficient evidence of significant objective functional improvement, documented evidence of an objective decrease in pain, documented evidence of a reduced or not tolerated pain medication, the request is not supported. Additionally, as the request is written, the number of visits exceeds the guidelines without evidence of significant objective functional improvements. Therefore, the request is not medically necessary.