

<b>Case Number:</b>	CM14-0075068		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/29/2007
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Family 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:

This is a 69-year-old female who reported an industrial injury on 8/29/2007, over seven (7) years ago, attributed to the performance of her usual and customary job duties reported as a slip and fall at work. The patient is reported to be retired and not working. The patient has been treated with hand surgery; cervical injections; acupuncture; and lumbar injections. The industrial injury is accepted for the left hip, chest/ribs, hands, elbows, knees, neck soft tissue, lower back, right shoulder, and left wrist. The patient was previously certified for RFA right side medial branch nerves L3, L4, L5 along with the prescription for Norco 10/325 mg #120. The Electrodiagnostic study of the bilateral upper extremities dated 3/28/2014 was reported to be abnormal. The patient was evaluated in follow-up and complained of continued low back pain and neck pain. The objective findings on examination included low back with decreased range of motion; facet tenderness over L3-L4 and L4-L5 facets; positive pain with rotation, flexion, and extension to the left; neck with right arm weakness and hand grip of 4/5; and decreased range of motion of the cervical spine. The diagnoses included shoulder joint pain; wrist joint pain; hand joint pain; lower leg pain; lumbago; lumbar facet arthropathy; pain and soft tissue of limb; RSD upper limb. The treatment plan included acupuncture treatment; chiropractic treatment; massage therapy; aquatic therapy; and Norco 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatments QTY: 8:** Overturned

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

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

**Decision rationale:** The request for eight (8) additional sessions of acupuncture for the neck and back, were not supported with objective evidence of functional improvement with the previous certified sessions of acupuncture. There was no sustained functional improvement documented. There was only reported symptomatic relief on a temporary basis. There is no demonstrated medical necessity for eight (8) additional sessions of acupuncture. The treating physician requested acupuncture sessions to the neck and back based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the continued treatment with acupuncture. The patient was noted to have received the CA MTUs recommended number of sessions of acupuncture over a 1-2 month period of treatment. There is no documented sustained functional improvement. The current request is for maintenance treatment. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. There is no demonstrated functional improvement on a PR-2 by the acupuncturist. There is no documented reduction of medications attributed to the use of acupuncture as the patient has continued on opioid therapy is seven (7) years after the date of injury. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment for the diagnoses of sprain/strain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. There was no rationale supporting the use of additional acupuncture directed to the neck and back. The use of acupuncture is not demonstrated to be medically necessary. There is no demonstrated medical necessity of additional acupuncture in conjunction with the certified massage therapy and chiropractic care/CMT. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. A clinical trial of four (4) sessions of acupuncture is consistent with the CA Medical Treatment Utilization Schedule; the ACOEM Guidelines and the Official Disability Guidelines for treatment of the neck and back. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the four (4) sessions of trial acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks. As such, the request is not medically necessary.

**Aqua therapy QTY: 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back

Complaints Page(s): 203-204, 299-300. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114; Official Disability Guidelines (ODG) lower back section--PT; knee section--PT;

**Decision rationale:** The patient has received prior sessions of physical therapy and has exceeded the recommendations of the CA MTUS. There is no rationale to support eight additional sessions aquatic physical therapy (PT) over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care seven (7) years after the DOI. There were no documented objective findings to support the medical necessity of aquatic therapy directed to the lumbar/cervical spine. The patient is documented to be able to perform land-based exercises, as there is no objective finding to preclude the patient from performing exercises in a self-directed home exercise program. The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self-directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine for sprain/strains, degenerative disc disease or lumbar radiculopathies. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient was some restrictions to ROM but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the neck and lower back pain. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. There is no demonstrated medical necessity for the requested 8 sessions of aquatic therapy with individual sessions directed to the lumbar/cervical spine. There is no demonstrated medical necessity for eight sessions of aquatic therapy in addition to the certified chiropractic care/CMT and massage therapy. As such, this request is not medically necessary.