

<b>Case Number:</b>	CM14-0086707		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/25/2004
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 37 year old male with a work injury dated 3/2/11. The diagnoses include cervical radiculopathy, multiple levels; bilateral upper extremity carpal tunnel syndrome by electrodiagnostic criteria; multiple level degenerative disc disease and spondylosis thoracic spine; spondylolisthesis L5-S1, Grade II, with dynamic Instability of 5-mm; L5 radiculopathy by electrodiagnostic study; cervical spine, thoracic spine and lumbar spine herniated nucleus pulposus; cervical spine spondylosis, C3-7; cervical, thoracic and lumbar spine myofascial pain syndrome Under consideration is a request for physical therapy 2 x 4 and acupuncture 2 x 4. There is a primary treating physician report dated 4/1/14 that states that the patient complains of constant neck pain, rated 7-8/10, with radiation to the bilateral upper extremities, and with associated numbness and tingling to the bilateral hands and bilateral upper extremities. He also complains of constant mid back pain, rated 7/10. Furthermore, he notes of having constant low back pain, rated 7-8/10, with radiation to the bilateral lower extremities and feet and with associated numbness and tingling, as well as spasms to the lumbar spine. Additionally, he complains of constant bilateral wrist and hand pain, rated 7/10, with associated numbness and tingling sensation. He also reports of weak grip strength. On another note, he is attending acupuncture treatment and physical therapy once a week, which have provided him with 50% symptomatic relief overall. Examination of the cervical spine reveals restricted range of motion. Orthopedic testing for the cervical spine reveals positive Spurling's test bilaterally. Upper extremity motor examination shows weakness in the bilateral deltoid, biceps, wrist extensor, and triceps, and intrinsic strength motor groups at 4/5. Sensory examination reveals dull, diminished sensory findings noted over the bilateral C5, C6 and C7 dermatomes. There are muscle spasms

with +2 trigger points in the cervical, thoracic and lumbar spine. The treatment plan includes acupuncture and physical therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy 2 x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Neck & Upper Back Procedure Summary Last Updated 4/14/14; Low Back Procedure Summary Last Updated 3/31/14

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy 2 x 4 is not medically necessary per the MTUS Chronic Pain Medical Guidelines. The documentation reveals that the patient has had prior physical therapy. There are no physical therapy document submitted revealing objective evidence of functional improvement. The guidelines recommend up to 10 visits for this condition. An additional 8 sessions of supervised therapy is not necessary. The patient should be well versed in a home exercise program. The request for physical therapy 2 x 4 is not medically necessary.

#### **Acupuncture 2 x 4: Upheld**

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

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

**Decision rationale:** Acupuncture 2 x 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits. The patient has had prior acupuncture without evidence in the submitted documentation of functional improvement from prior sessions. The request for acupuncture 2 x 4 is not medically necessary.