

<b>Case Number:</b>	CM14-0206365		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Emergency 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:

Patient with reported date of injury on 10/28/2013. Mechanism of injury is claimed from lifting a heavy bucket. Patient has a diagnosis of lumbar disc displacement, shoulder impingement, R hip strain and lumbar sprain/strain. Medical reports reviewed. Last report available until 12/1/14. Patient complains of neck pain radiating to low back, hip pain and low back pain. Objective exam reveals cervical spine tenderness with spasms, L shoulder pain with range of motion, lumbar spine with tenderness to L1-5 and R hip with pain on range of motion. Reports states that patient has attended at least 4 visits for acupuncture and multiple physical therapy sessions. There is no imaging or electrodiagnostic reports provided for review. Medications include Ultracet, Prilosec and Anaprox. Independent Medical Review is for acupuncture 2/week for 4 weeks to cervical/lumbar and physical therapy 2 per week for 4 weeks with "ultrasound and E-stim". Prior Utilization Review on 11/21/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x week x 4 weeks cervical/lumbar:** Upheld

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

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

**Decision rationale:** As per MTUS Acupuncture treatment guidelines, additional acupuncture sessions may be recommended with documentation of objective improvement after 3-6 sessions. Patient has undergone at least 4 sessions. Provider has failed to document any objective improvement or benefit from acupuncture. Additional acupuncture is not medically necessary.

**Physical therapy 2x week x 4 weeks with Ultrasound & E-stim- cervical/lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

**Decision rationale:** As per MTUS chronic pain guidelines, therapeutic Ultrasounds are not recommended due to lack of evidence to support efficacy. Patient also has had an unknown number of physical therapy sessions with no documented objective improvement. Lack of documentation and non-recommendation of at least one requested service means this entire request is not medically necessary.