

<b>Case Number:</b>	CM14-0027678		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 67 year old male who sustained a work related injury on December 1, 2006 per the injured workers application. The mechanism of injury was not provided. Current documentation dated January 30, 2014 notes that the injured worker continued to have moderate to severe neck and low back pain. Prior treatment has included 2 chiropractic treatments and more than twenty-four physical therapy sessions. Physical examination revealed tenderness over the cervical spine. Lumbar spine exam revealed tenderness with spasm. Cervical spine compression and distraction were positive. Range of motion of the cervical and lumbar spine was noted to be decreased. The injured workers gait was unsteady. Medications include Percocet, Soma, Tramadol and Flector Patches. Work status was modified. The injured worker participated in a home exercise program which was not effective. The injured worker reported pain with walking and tying his shoes. The pain was rated at a four to seven out of ten on the subjective pain scale. The treating physician requested physical therapy three times a week for four weeks to the cervical spine, lumbar spine and bilateral shoulders, Acupuncture two times a week for six weeks to the cervical spine, lumbar spine and bilateral shoulders and a transcutaneous electrical nerve stimulation unit battery and lead supplies for three months. Utilization Review evaluated and denied the requests on February 17, 2014. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the medical necessity of the requests was not established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for the cervical, lumbar spines and bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck/low back and bilateral shoulder section, Physical therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times a week for four weeks to the cervical and lumbar spine and bilateral shoulders is not medically necessary. Patients should be formally assessed after a six as a clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When the treatment duration and or number of visits exceeds the guideline, exceptional factors should be noted. The official disability guidelines enumerate the frequency and duration of physical therapy based on the specific injury sustained. In this case, the injured worker's working diagnoses are cervical spine DDD with radiculopathy; right shoulder biceps rupture; bilateral shoulder impingement syndrome; right hand contusion; L5-S1 spondylolisthesis with chronic LBP; right lower extremity radiculopathy; anxiety; depression; gastritis; and unspecified sleep disturbance. Subjectively, the injured worker complains of severe neck and low back pain with a flareup. Home exercises are not effective. There are financial issues with the injured worker driving from Arizona to California to refill medications. Objectively, the injured worker has tenderness in the bilateral cervical and lumbar paraspinal muscle groups. Motor testing is 5/5 in the bilateral upper and lower extremities. Range of motion is decreased. The date of injury is December 1, 2006. The documentation does not contain evidence of prior physical therapy or acupuncture. There are no physical therapy or acupuncture progress notes in the medical record. There is no documentation indicating objective functional improvement with prior physical therapy or acupuncture. When the treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The documentation does not contain compelling/exceptional clinical facts warranting additional physical therapy. Consequently, absent clinical documentation indicating prior physical therapy with evidence of objective functional improvement and compelling clinical facts warranting additional physical therapy, physical therapy three times a week for four weeks to the cervical and lumbar spine and bilateral shoulders is not medically necessary.

**Acupuncture 2 x 6 for the cervical, lumbar spines and bilateral shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Pain section, Acupuncture

**Decision rationale:** Pursuant to the Acupuncture Treatment Guidelines and the Official Disability Guidelines, acupuncture two times a week for six weeks to the cervical spine, lumbar spine and bilateral shoulders is not medically necessary. Acupuncture is recommended as an option depending upon the specific body part as an option for some conditions using a short course of treatment in conjunction with other interventions. Acupuncture is not recommended for acute low back pain, but recommended as an option for chronic low back pain using a short course of treatment in conjunction with other active interventions. Acupuncture of neck is not recommended. Acupuncture of the shoulder is recommended as an option for rotator cuff tendinitis. The guidelines enumerate the frequency and duration for acupuncture treatments. An initial trial of 3 to 4 visits over two weeks; with evidence of reduced pain, medication use and objective functional improvement, up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond initial short course of therapy. In this case, the injured worker's working diagnoses are cervical spine DDD with radiculopathy; right shoulder biceps rupture; bilateral shoulder impingement syndrome; right hand contusion; L5-S1 spondylolisthesis with chronic LBP; right lower extremity radiculopathy; anxiety; depression; gastritis; and unspecified sleep disturbance. Subjectively, the injured worker complains of severe neck and low back pain with a flareup. Home exercises are not effective. There are financial issues with the injured worker driving from Arizona to California to refill medications. Objectively, the injured worker has tenderness in the bilateral cervical and lumbar paraspinal muscle groups. Motor testing is 5/5 in the bilateral upper and lower extremities. Range of motion is decreased. The date of injury is December 1, 2006. The documentation does not contain evidence of prior physical therapy or acupuncture. There are no physical therapy or acupuncture progress notes in the medical record. There is no documentation indicating objective functional improvement with prior physical therapy or acupuncture. If initiating acupuncture, an initial trial of 3 to 4 visits over two weeks is indicated. With evidence of reduced pain and objective functional improvement of the 8 to 12 visits over 4 to 6 weeks may be indicated. If the injured worker underwent prior acupuncture, the evidence is inconclusive for repeating acupuncture beyond the initial short course of therapy. If the injured worker is starting a new acupuncture program, an initial trial of 3 to 4 visits over two weeks is appropriate with a reevaluation for evidence of reduced pain, medication use and objective functional improvement. The documentation is unclear for both. Consequently, absent clinical documentation to support acupuncture treatment (a repeat course of acupuncture treatment versus an initial course of acupuncture treatment), acupuncture two times a week for six weeks to the cervical spine lumbar spine and bilateral shoulders is not medically necessary.

**TENS battery and lead supplies x 3 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tens battery and lead supplies times three months are not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-

based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. TENS to the low back is not recommended as an isolated intervention. TENS to the neck is not recommended as a primary treatment modality for use in whiplash associated disorders, acute mechanical neck disorders or chronic neck disorders with radicular findings; ankle and foot, elbow, forearm wrist and hand and shoulder are not recommended. Criteria for the use of TENS include, but are not limited to, evidence of other appropriate pain modalities tried and failed; a one month trial with documentation of how often you use and outcomes in terms of pain relief and function; a treatment plan with specific short and long-term goals; etc. See guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine DDD with radiculopathy; right shoulder biceps rupture; bilateral shoulder impingement syndrome; right hand contusion; L5-S1 spondylolisthesis with chronic LBP; right lower extremity radiculopathy; anxiety; depression; gastritis; and unspecified sleep disturbance. Subjectively, the injured worker complains of severe neck and low back pain with a flareup. Home exercises are not effective. There are financial issues with the injured worker driving from Arizona to California to refill medications. Objectively, the injured worker has tenderness in the bilateral cervical and lumbar paraspinal muscle groups. Motor testing is 5/5 in the bilateral upper and lower extremities. Range of motion is decreased. The date of injury is December 1, 2006. The documentation does not state whether the injured worker has been using a TENS unit and for how long. The medical record is not contain documentation indicating objective functional improvement with prior TENS unit usage. There is no indication in the medical record whether there was a TENS 30 day trial, specific short and long-term goals, a decrease in medication use, and, as noted above, evidence of objective functional improvement. Consequently, absent clinical documentation indicating objective functional improvement and an ongoing treatment plan, TENS battery and lead supplies times three months are not medically necessary.