

<b>Case Number:</b>	CM15-0161288		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 41 year old man sustained an industrial injury on 5-21-2014. The mechanism of injury is not detailed. Diagnoses include lumbar spine musculoligamentous injury with discopathy, lumbar and cervical spine sprain-strain with discopathy, discogenic low back pain, left shoulder sprain-strain, bilateral knee chondromalacia patella, sleep disturbance or disorder, and lumbosacral neural foraminal stenosis. Treatment has included oral medications. Physician notes on a PR-2 dated 7-20-2015 show complaints of neck, bilateral knee, and low back pain. Recommendations include physical therapy, acupuncture, and follow up in six weeks. He has previously completed 8 sessions of acupuncture and 12 sessions of physical therapy. He is documented to be instructed in and capable of a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture consult and treat x 6 sessions for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Acupuncture.

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

**Decision rationale:** MTUS Guidelines recommend from 3-6 treatments of acupuncture as adequate for chronic conditions. If there is significant lasting improvements in function and diminished reliance of other treatment the Guidelines allow for but do not mandate an extension of the number of sessions. There is no compelling evidence that the prior 8 sessions has provided lasting pain relief or is impacting the necessity of other treatments. Under these circumstances, the request for an additional 6 sessions of acupuncture is not supported by Guidelines and is not medically necessary.

**Physical therapy 2 x 6 for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** MTUS Guidelines recommend that up to 10 sessions of guided physical therapy is adequate to develop a home exercise program and receive instruction in self protective behaviors. It is documented that these goals have been met with the prior 12 sessions of physical therapy that were completed. A few sessions to renew necessary instruction may be medically reasonable, but the request for an additional 12 sessions significantly exceeds Guideline recommendations and there are no unusual circumstances to justify an exception to the Guidelines. The request for Physical therapy 2 x 6 for the cervical and lumbar spine is not medically necessary.