

<b>Case Number:</b>	CM15-0188555		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/13/1997
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 53 year old female, who sustained an industrial injury on January 13, 1997. The injured worker was diagnosed as having chronic cervical strain, rule out cervical disc herniation, bilateral carpal tunnel syndrome, and posterior disc osteophyte complex at cervical three to four with "mild" stenosis and "moderate" foraminal narrowing with "mild to moderate" foraminal narrowing at cervical four to five and cervical five to six secondary to facet disease as noted on magnetic resonance imaging. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine on June 09, 2015, physical therapy, acupuncture, medication regimen, and electromyogram. In a progress note dated August 03, 2015 the treating physician reports complaints of pain to the bilateral hands, paresthesia to the bilateral upper extremities, and dizziness. Examination performed on August 03, 2015 was revealing for tenderness and hypertonicity to the suboccipital area and cervical paravertebral muscles bilaterally, decreased range of motion to the cervical spine, positive cervical compression testing, positive shoulder depression testing, decreased sensation to the cervical six and cervical seven nerve distributions, and decreased sensation to the median and ulnar nerve bilaterally. On August 03, 2015 the injured worker's pain level was rated a 6 to 7 out of 10. The progress note from August 03, 2015 noted that current physical therapy and acupuncture of an unknown quantity were noted to be "helping" the injured worker, but the progress note did not indicate if the injured worker experienced any functional improvement with the prior acupuncture and physical therapy. The progress note also did not indicate the injured worker's pain level before physical therapy and acupuncture and after physical therapy and acupuncture to determine the effects of these therapies. The progress note from June 18, 2015 noted that

the injured worker had 4 or 5 prior sessions of physical therapy out of 6 and indicated an increase in range of motion and a decrease in the injured worker's pain. The documentation provided did not indicate the quantity of prior acupuncture sessions performed. On August 03, 2015 the treating physician requested additional physical therapy 2 times a week for 6 weeks for the cervical spine and acupuncture 2 times a week for 6 weeks for the cervical spine noting that the injured worker indicated that the therapy "helps increase function and decrease pain". On August 27, 2015 the Utilization Review determined the requests for additional physical therapy 2 times a week for 6 weeks for the cervical spine and acupuncture 2 times a week for 6 weeks for the cervical spine to be non-approved.

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

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

#### **Physical therapy 2 times a week for 6 weeks for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with complaints of pain to the bilateral hands, paresthesia to the bilateral upper extremities, and dizziness. The current request is for physical therapy 2 times a week for 6 weeks for the cervical spine. The treating physician states, in a report dated 08/13/15, "Treatment plan: Continue with physical therapy. Request authorization for additional physical therapy to the cervical spine two times a week for six weeks as the patient states it helps increase function and decrease pain." (13B) The MTUS guidelines recommend for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, there is no rationale provided to indicate why the patient is not able to transition into a self-directed home exercise program. In addition, there is no report of new injury, new surgery or new diagnoses that substantiate the current request for additional sessions. It is unknown how many prior sessions of PT the patient had, as this is not documented in the records available for review. Regardless, the 12 sessions requested exceeds MTUS recommendation for 9 to 10 sessions. The requested additional PT is not medically necessary.

#### **Acupuncture 2 times a week for 6 weeks for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with complaints of pain to the bilateral hands, paresthesia to the bilateral upper extremities, and dizziness. The current request is for acupuncture 2 times a week for 6 weeks for the cervical spine. The treating physician states, in a report dated 08/13/15, "Treatment plan: Continue with acupuncture. Request authorization for

additional acupuncture to the cervical spine two times a week for six weeks as the patient states it helps increase function and decrease pain." (13B) The AMTG guidelines support acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. In this case, the treating physician, based on the records available for review, fails to document report of new injury, new surgery or new diagnoses that substantiate the current request for additional sessions. It is unknown how many prior sessions of acupuncture the patient had, as this is not documented in the records available for review. Regardless, the 12 sessions requested exceeds AMTG recommendation for 3-6 treatments, with an extension if functional improvement is documented. The requested additional acupuncture is not medically necessary.