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| <b>Case Number:</b>   | CM15-0194309 |                              |            |
| <b>Date Assigned:</b> | 10/08/2015   | <b>Date of Injury:</b>       | 03/09/2015 |
| <b>Decision Date:</b> | 11/20/2015   | <b>UR Denial Date:</b>       | 09/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/02/2015 |

### 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: Arizona, Texas

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 is a 42 year old female who sustained an industrial injury on 3-9-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical degenerative disc disease, right shoulder strain and right upper extremity radiculopathy. According to the progress report dated 8-31-2015, the injured worker had had an ergonomic evaluation and was trialed on a chair with a torque lumbar support which she found substantially more comfortable. The injured worker complained of pain and spasms about the right shoulder girdle, upper back and neck, with numbness and tingling down the arm and some weakness. She also complained of right low back pain and buttock pain with distal sciatica and weakness. The injured worker reported episodes of weakness, stumbling and falling due to the right lower extremity giving out. Per the treating physician (8-31-2015), the injured worker was working full duty. The physical exam (8-31-2015) revealed tightness and tenderness about the upper back, neck, upper medial scapular border and upper trapezius. There was tenderness in the low back and cervical paravertebral muscles. Treatment has included physical therapy, acupuncture (with reported 30% relief of pain and spasms), trigger point injections and medications (Ibuprofen, Flexeril and Percocet). The original Utilization Review (UR) (9-18-2015) denied requests for a right ankle foot orthotic (AFO), special chair for back support and acupuncture for the cervical-lumbar spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ankle foot orthosis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Initial Care.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Initial Care.

**Decision rationale:** According to the ACOEM rigid orthotics (full-shoe length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. In this case the patient is a 42-year-old woman with cervicalgia. The documentation doesn't support that the patient has plantar fasciitis or metatarsalgia. The medical necessity for rigid orthotics is not made. The request is not medically necessary.

**Special chair to obtain back support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Ergonomics interventions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) DME Purchase-Other-Adjustable Chair, Low Back Lumbar and Thoracic.

**Decision rationale:** According to the ODG, special chairs are recommended as an option as part of a return-to-work program for injured workers. But there is conflicting evidence for prevention, so case by case recommendations are necessary. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective, and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. In this case the documentation doesn't support that the patient is participating in a return-to-work program for injured worker. The medical necessity of a specialized chair is not made. The request is not medically necessary.

**6 acupuncture sessions for the cervical spine, lumbar spine and right shoulder:** Overturned

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

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

**Decision rationale:** According to the MTUS, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of

filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. According to the MTUS, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented. In this case, the request is for 6 treatments over 12 weeks. The patient suffers from chronic neck and upper back pain. Acupuncture is an appropriate treatment for pain with spasms. The requested 6 sessions is adequate to determine if the treatment results in any functional improvement. The requested acupuncture is medically necessary for chronic neck and back pain.