

<b>Case Number:</b>	CM15-0195425		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: 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:

This is a 46-year-old female with a date of industrial injury 6-20-2014. The medical records indicated the injured worker (IW) was treated for cervical and lumbar strain; peroneal tendon injury or tear, status post repair (2014); contusion of knee, resolved; and hand abrasion, resolved. In the progress notes (9-14-15), the IW reported neck pain and low back pain, greater on the left, with some radicular pain and minimal numbness and tingling, both rated up to 6 to 7 out of 10. She also had complaints of left ankle and foot pain, rated 1 to 2 out of 10 and left shoulder pain rated 3 to 4 out of 10. Her medications included Xanax, Voltaren gel, Mobic and Prilosec. On examination (9-14-15 notes), there was a mild decrease in cervical range of motion and tenderness to palpation in the bilateral paraspinal muscles, rhomboids and trapezius muscles; spasms were also present in the trapezius muscles. Spurling's was negative bilaterally. The bilateral lumbar paraspinal muscles and spinous processes were also tender to palpation, extending to the bilateral sacroiliac. Flexion and extension was decreased. Straight leg raise was negative bilaterally. Range of motion of the left shoulder was full with discomfort on abduction. Hawkins test was mildly positive. The left ankle and foot were slightly swollen compared to the right, but were otherwise unremarkable. Treatments included three to four courses of physical therapy and two courses of acupuncture, both with some benefit; she also had approximately eight sessions of aqua therapy. The provider reviewed MRIs (undated) of the cervical and lumbar spine, stating both showed "only mild degenerative changes" and also reviewed an MRI (undated) of the left hip which showed findings "consistent with spondyloarthropathy". The provider noted the IW's chronic neck and back pain was likely the result of spondyloarthropathy,

which was non-industrial, but suggested another course of physical therapy and acupuncture. The IW was working regular duty. A Request for Authorization was received for physical therapy twice weekly for four weeks and six sessions of acupuncture. The Utilization Review on 9-29-15 non-certified the request for physical therapy twice weekly for four weeks and six sessions of acupuncture.

### **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 4 weeks: 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), Physical Therapy Guidelines-Neck.

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

**Decision rationale:** The patient presents on 09/14/15 with neck pain and lower back pain (left worse than right) rated 6-7/10. The patient's date of injury is 06/20/14. The request is for Physical therapy 2 times a week for 4 weeks. The RFA is dated 09/14/15. Physical examination dated 09/14/15 reveals tenderness to palpation of the cervical paraspinal musculature, trapezii, rhomboids, lumbar paraspinal musculature, and bilateral sacroiliac regions. The patient is currently prescribed Albuterol, Alprazolam, Clobetasol, Ubiquinol, Diclofenac, Vitamin D, Advair, Folic acid, Synthroid, Magnesium supplement, Mobic, Fish oil, Multivitamin, Prilosec, and Zinc supplement. Patient is currently working. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "recommended as indicated below. Allow for fading of treatment frequency - from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 8 sessions of physical therapy sessions for this patient's ongoing chronic pain, the provider has exceeded guideline recommendations. Per workers compensation follow-up visits note dated 07/14/15, this patient has completed 8 of 10 authorized physical therapy sessions with noted improvements. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments, the request for 8 in addition to the 10 completed in July 2015 exceeds these recommendations and cannot be substantiated. Therefore, the request is not medically necessary.

#### **6 sessions of acupuncture: Overturned**

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

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

**Decision rationale:** The patient presents on 09/14/15 with neck pain and lower back pain (left worse than right) rated 6-7/10. The patient's date of injury is 06/20/14. The request is for 6 sessions of acupuncture. The RFA is dated 09/14/15. Physical examination dated 09/14/15 reveals tenderness to palpation of the cervical paraspinal musculature, trapezii, rhomboids, lumbar paraspinal musculature, and bilateral sacroiliac regions. The patient is currently prescribed Albuterol, Alprazolam, Clobetasol, Ubiquinol, Diclofenac, Vitamin D, Advair, Folic acid, Synthroid, Magnesium supplement, Mobic, Fish oil, Multivitamin, Prilosec, and Zinc supplement. Patient is currently working. MTUS Guidelines Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 6 sessions of acupuncture for this patient's ongoing pain, the request is appropriate. The exact number of this patient's acupuncture treatments to date is unclear. It is indicated that she has undergone at least two courses in the past with benefits, though none recently. MTUS guidelines support acupuncture as a conservative option for 3-6 treatments initially, with additional sessions contingent upon improvements. In this case, the patient exhibits a high level of functionality as she has returned to working customary duties as a respiratory technician. Given this patient's chronic pain complaints, the lack of recent acupuncture, and demonstrated functional improvements; a course of 6 sessions falls within guideline recommendations and could produce further benefits. Therefore, the request is medically necessary.