

<b>Case Number:</b>	CM15-0200978		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old female who sustained an industrial injury on 07-24-2014. According to a progress report dated 09-22-2015, the injured worker reported neck pain on the left side, left shoulder, left arm, and lower back. Treatment to date has included physical therapy and acupuncture for 6 to 8 sessions with "good pain relief". Further acupuncture treatments had been denied. She was prescribed Norco, Flexeril and Mobic. She reported that she vary rarely took medications because they caused her to be drowsy and not alert. She continued to work. She used Voltaren gel which helped pain. She requested to restart acupuncture since it was most helpful. She was seen by an orthopedic surgeon who stated that she was not a surgical candidate and epidurals were not recommended at that point. Limited range of motion was noted in the neck, left shoulder, left arm and lower back. Cervical range of motion was limited in extension and flexion. Trigger points were positive on palpation of dorsal para cervical spinal ligaments, levator scapulae and mid-trapezius muscles bilaterally. Motor strength was 5 out of 5 in the bilateral upper extremities. Sensation was diminished left C1 to T1 dermatomes to light touch and pinprick. Reflexes were 2 plus bilaterally. Spurling's and Hoffman's were negative. Lumbar range of motion was limited in flexion, extension left and right lateral flexion. Trigger points were positive on palpation at bilateral iliolumbar ligaments and paralumbar muscles. Motor strength was 5 out of 5 in the bilateral lower extremities. Sensation was intact. Knee and ankle reflexes were 2 plus bilaterally. Ankle clonus and Babinski was negative bilaterally. Straight leg raise was negative bilaterally at 45 degrees. Gait was normal. Diagnoses included spasm, myalgia and myositis unspecified, neuralgia, long term (current) use of other medications,

encounter for therapeutic drug monitoring and brachial (cervical) neuritis. The treatment plan included Tramadol, Norco, Gabapentin, Zanaflex, Voltaren gel, acupuncture and physical therapy. Follow up was indicated in 4 weeks. An authorization request dated 09-22-2015 was submitted for review. The requested services included acupuncture and physical therapy 2 weekly or 1 weekly for 6 weeks. On 09-29-2015, Utilization Review non-certified the request for physical therapy 2 times a week for 6 weeks quantity 12 and modified the request for acupuncture 2 times a week for 6 weeks to cervical and lower back, quantity 12.

### **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, quantity 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in July 2014 when her heel got stuck in cement and she fell with injury to her left side and low back. When seen, treatments had included physical therapy and up to eight acupuncture sessions with good pain relief. She wanted to restart acupuncture treatments. She had been seen by an orthopedic surgeon and no surgery had been recommended. She was continuing to work. She was having worsening neck and left-sided low back pain and had left shoulder and arm pain. Physical examination findings included decreased range of motion. There were cervical and lumbar trigger points. There was decreased upper extremity sensation. Medications were adjusted. Authorization for 12 sessions of physical therapy for improvement of neck and left-sided low back pain and 12 for sessions of acupuncture treatment was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

#### **Acupuncture 2 times a week for 6 weeks to cervical and lower back, quantity 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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

**Decision rationale:** The claimant sustained a work injury in July 2014 when her heel got stuck in cement and she fell with injury to her left side and low back. When seen, treatments had included physical therapy and up to eight acupuncture sessions with good pain relief. She wanted to restart acupuncture treatments. She had been seen by an orthopedic surgeon and no surgery had been recommended. She was continuing to work. She was having worsening neck and left-sided low back pain and had left shoulder and arm pain. Physical examination findings included decreased range of motion. There were cervical and lumbar trigger points. There was decreased upper extremity sensation. Medications were adjusted. Authorization for 12 sessions of physical therapy for improvement of neck and left-sided low back pain and 12 for sessions of acupuncture treatment was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already had acupuncture treatments. Acupuncture would be an adjunct to a home exercise program or to a trial of physical therapy. However, the number of treatments requested is in excess of guideline recommendations and are not medically necessary.