

Case Number:	CM15-0205629		
Date Assigned:	10/22/2015	Date of Injury:	01/29/2013
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 38 year old male, who sustained an industrial injury on 01-29-2013. He has reported injury to the neck, left shoulder, and low back. The diagnoses have included cervical discopathy and strain; left shoulder impingement; left wrist strain; and significant spinal discopathy. Treatment to date has included medications, diagnostics, physical therapy, psychotherapy, and left L5-S1 selective nerve root block. Medications have included Ibuprofen. A progress report from the treating physician, dated 09-11-2015, documented an evaluation with the injured worker. The injured worker reported severe low back pain with radiation to the left lower extremity with constant numbness and tingling; the pain is severe in the low back; when the pain is flared up, the pain is rated at 8-9 out of 10 in intensity; he has a fair amount of numbness and tingling to the left lower extremity; the left shoulder continues to be constantly painful; and this pain is rated at 6-7 out of 10 in intensity on the pain scale. Objective findings included decreased left shoulder ranges of motion; Neer's and Hawkins' tests are positive; impingement sign is positive; sciatic stretch and straight leg raise tests are positive on the left; and there is decreased sensation at L5 and S1 dermatomes as well as the L1 area. The provider noted that a left shoulder MRI scan shows a "hooked acromion"; and "there are some areas of tendinosis noted, but no complete tears are seen". The treatment plan has included the request for acupuncture 2 times a week for 4 weeks, in treatment of the left shoulder and lumbar spine, quantity: 8; and physical therapy aquatic based 2 times a week for 4 weeks in treatment of the left shoulder and lumbar spine, quantity: 8. The original utilization review, dated 09-29-2015, non-certified the request for acupuncture 2 times a week for 4 weeks, in treatment of the left shoulder and lumbar spine, quantity: 8; and physical therapy aquatic based 2 times a week for 4 weeks in treatment of the left shoulder and lumbar spine, quantity: 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks, in treatment of the left shoulder and lumbar spine
Quantity: 8:** Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, acupuncture.

Decision rationale: The medical records indicate shoulder pain and lumbar back pain with neurologic deficit. ODG guidelines support initial trial of 3-4 visits. The requested treatment exceeds the ODG guidelines as it is 8 visits. As such 8 visits of acupuncture are not supported by the medical records provided for review. The request is not medically necessary.

Physical Therapy aquatic based 2 times a week for 4 weeks in treatment of the left shoulder and lumbar spine Quantity: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: The medical records report pain in the lumbar region but do not document specific functional goals for 8 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for lumbar sprain/strain. As the medical records do not support specific goals of therapy the medical records do not support a medical necessity for 8 visits of PT. the request is not medically necessary.