

<b>Case Number:</b>	CM15-0219741		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 59 year old female who sustained an industrial injury on 10-10-11. A review of the medical records indicates that the worker is undergoing treatment for chronic neck pain and chronic back pain. Subjective complaints (10-13-15) include neck and back pain. Pain is rated at 8-9 out of 10. The worker reports activity is difficult for her. Objective findings (10-23-15) include tenderness over the cervical and lumbar paraspinal musculature, limited active cervical and lumbar extension, negative straight leg raise bilaterally and negative Spurling's test. Work status was noted as work full time with no restrictions. Previous treatment includes physical therapy and chiropractic care. A request for authorization is dated 10-28-15. The requested treatment of acupuncture 8 visits was modified to 6 visits and physical therapy 8 visits - neck, and low back was non-certified on 11-4-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 visits:** Upheld

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

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

**Decision rationale:** The claimant sustained a repetitive strain injury work injury with date of injury in October 2011 and is being treated for neck and low back pain. Prior treatments have included physical therapy and chiropractic care. When seen, she was working full time without restrictions. Physical examination findings included ongoing cervical and lumbar paraspinal muscle tenderness. There was decreased cervical and lumbar extension. Spurling's and straight leg raising tests were negative bilaterally. Diagnoses were chronic neck and back pain. Acupuncture and physical therapy were requested. Voltaren gel was continued. 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 number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

**Physical Therapy 8 visits, Neck, Low Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

**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 repetitive strain injury work injury with date of injury in October 2011 and is being treated for neck and low back pain. Prior treatments have included physical therapy and chiropractic care. When seen, she was working full time without restrictions. Physical examination findings included ongoing cervical and lumbar paraspinal muscle tenderness. There was decreased cervical and lumbar extension. Spurling's and straight leg raising tests were negative bilaterally. Diagnoses were chronic neck and back pain. Acupuncture and physical therapy were requested. Voltaren gel was continued. The claimant is being treated for chronic pain with no new injury. 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 determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.